OFFICE OF APPLIED STUDIES

Year-End 1999
Emergency Department Data
from the
Drug Abuse Warning Network

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

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HIGHLIGHTS

The Drug Abuse Warning Network (DAWN) is a national probability survey of hospitals with emergency departments (EDs) conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is designed to capture data on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. **Therefore, DAWN data do not measure prevalence of drug use in the population.** Analyses in this report focus on comparisons between 1999 estimates and estimates for the previous 2 years, as well as long-term trends in drug mentions between 1990 and 1999. Data from 1995 onward reflect improvements that were made recently to the estimation system. **Findings reported here are statistically significant unless stated otherwise.**

The following trends were observed between 1999 and earlier years:

Drug Episodes vs. Drug Mentions

Drug-Related Episode: **A drug episode is an ED visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 years and older.**

Drug Mention: **A drug mention refers to a substance that was mentioned during a drug-related ED episode. Because up to 4 drugs can be reported for each drug abuse episode, there are more mentions than episodes cited in this report.**

TOTAL DRUG-RELATED EPISODES

- In 1999, there were an estimated 554,932 drug-related ED episodes and 1,015,206 ED drug mentions in the coterminous U.S. Nationally, the number of ED episodes and mentions remained relatively stable from 1998 to 1999 (Table 2 and Figure 1).
- The 4 drugs mentioned most frequently in ED reports – alcohol-in-combination (196,277 mentions), cocaine (168,763), marijuana/hashish (87,150), and heroin/morphine (84,409) – were statistically unchanged from 1998 to 1999 (Table 2). In 1999, marijuana/hashish mentions exceeded heroin/morphine mentions, changing a rank ordering of illicit drug mentions that had been constant since 1990 (Figure 2).
- From 1998 to 1999, total drug-related ED episodes were stable for gender, race/ethnicity, and most age subgroups (Table 18).
- For patients age 12 to 17, total drug-related episodes decreased 11 percent (from 59,086 to 52,783) from 1998 to 1999 (Table 18). For the same age group, mentions of cocaine (3,215), heroin/morphine (686), marijuana/hashish (12,734), and methamphetamine/speed (808) were statistically unchanged from 1998 to 1999 (Tables 22, 24, 26, and 28).
- In drug-related ED episodes in 1999, *dependence* (202,692 or 37% of episodes) and *suicide* (174,857 or 32%) were the most frequently cited motives for taking the substances (Table 18). Between 1998 and 1999, drug-related ED episodes involving suicide decreased 8 percent (from 189,897 to 174,857).
- Among the 21 metropolitan areas oversampled in DAWN, 3 had significant increases in drug-related ED episodes from 1998 to 1999: Los Angeles (21%, from 17,103 to 20,678), Denver (18%, from 4,091 to 4,816), and Phoenix (17%, from 7,060 to 8,293)

(Table 4). Drug-related ED episodes decreased in 4 metropolitan areas: New York (15%, from 36,142 to 30,662), Boston (15%, from 13,657 to 11,669), New Orleans (12%, from 5,091 to 4,459), and Washington, DC (11%, from 11,596 to 10,282).

COCAINE

- Cocaine-related episodes constituted 30 percent (168,763) of all ED drug episodes in 1999, more than any other illicit substance measured by DAWN (Table 2).
- Cocaine mentions were relatively unchanged from 1998 (172,014 mentions) to 1999 (Table 2), and there were no significant changes evident for age, gender, or race/ethnicity groups (Table 22).
- Among the metropolitan areas oversampled in DAWN, cocaine mentions increased from 1998 to 1999 in Phoenix (27%, from 1,486 to 1,882) and Denver (20%, from 1,154 to 1,382) (Table 8). Decreases in cocaine mentions were observed in New York (24%, from 19,549 to 14,799), Boston (21%, from 4,526 to 3,560), Dallas (19%, from 2,586 to 2,107), Newark (17%, from 3,743 to 3,124), Washington, DC (15%, from 3,718 to 3,150), and New Orleans (11%, from 2,396 to 2,140).

HEROIN/MORPHINE

- Heroin/morphine-related episodes were relatively stable from 1998 (77,645 mentions) to 1999 (84,409) (Table 2). Heroin/morphine was mentioned in 15 percent of ED drug episodes.
- No changes in heroin/morphine mentions occurred for age, gender, or race/ethnicity subgroups from 1998 to 1999 (Table 24).
- Among the metropolitan areas oversampled in DAWN, heroin/morphine mentions increased from 1998 to 1999 in St. Louis (36%, from 644 to 876), San Francisco (29%, from 2,386 to 3,074), Denver (28%, from 509 to 651), New Orleans (24%, from 534 to 664), and Miami (19%, from 772 to 921). Between 1998 and 1999, heroin/morphine mentions decreased only in Washington, DC (15%, from 2,112 to 1,794) (Table 10).

MARIJUANA/HASHISH

- Marijuana/hashish was mentioned in 16 percent (87,150) of all drug-related episodes in 1999 (Table 2). There was no significant change in the number of marijuana/hashish mentions from 1998 (76,870) to 1999.
- From 1998 to 1999, marijuana/hashish mentions increased 19 percent (from 22,907 to 27,272) among young adults age 18 to 25 (Table 26). No other statistically significant increases in marijuana/hashish mentions were found for age, gender, or race/ethnicity subgroups between 1998 and 1999.
- Among the 21 metropolitan areas represented in DAWN, marijuana/hashish mentions increased from 1998 to 1999 in Phoenix (42%, from 726 to 1,028), Minneapolis (28%, from 491 to 627), and Baltimore (12%, from 1,495 to 1,679) (Table 12). Marijuana/hashish mentions decreased in Boston (33%, from 2,907 to 1,961), San Diego (18%, from 1,127 to 923), and New Orleans (13%, from 1,196 to 1,044).

METHAMPHETAMINE/SPEED

- Overall, methamphetamine/speed was mentioned in 2 percent of drug-related episodes in 1999 (Table 2). Methamphetamine/speed mentions were statistically unchanged between 1998 (11,491) and 1999 (10,447).
- Looking across the 21 DAWN metropolitan areas, the vast majority (80%) of estimated ED mentions of methamphetamine/speed in 1999 came from 5 cities in the western United States: Los Angeles (910 mentions), San Diego (584), San Francisco (554), Seattle (353), and Phoenix (341) (Table 14).
- Among the metropolitan areas with at least 100 mentions of methamphetamine/speed in 1998 or 1999, significant increases from 1998 to 1999 were evident for St. Louis (58%, from 66 to 104) and Seattle (33%, from 266 to 353). Mentions of methamphetamine/speed decreased during this time period in Atlanta (49%, from 162 to 83), Dallas (46%, from 186 to 100), Phoenix (24%, from 446 to 341), and San Diego (19%, from 721 to 584) (Table 14).

PCP/PCP COMBINATIONS

- ED mentions of PCP/PCP combinations did not change significantly from 1998 (4,033) to 1999 (4,969) (Table 2).

LSD

- No significant changes occurred in LSD mentions from 1998 (4,982) to 1999 (5,126) (Table 2).

NON-MEDICAL USES OF LICIT DRUGS

Not all cases involving prescription or over-the-counter (OTC) drugs are reportable to DAWN. DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or OTC medications taken as prescribed. Accidental overdoses of OTC or prescription drugs taken as directed are reportable when used in combination with an illicit drug. Alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 35 percent (196,277) of ED drug episodes in 1999. Mentions of alcohol-in-combination were stable from 1998 to 1999 (Table 2).
- Between 1998 and 1999, significant decreases were noted for several prescription and OTC drugs, including thioridazine (61%, from 1,227 to 478), haloperidol (44%, from 2,131 to 1,183), phenobarbital (41%, from 2,545 to 1,493), acetaminophen with codeine (26%, from 5,045 to 3,721), aspirin (17%, from 15,457 to 12,815), ibuprofen (16%, from 17,146 to 14,400), and acetaminophen (12%, from 32,257 to 28,258) (Table 2).

LONG-TERM TRENDS, 1990 TO 1999

- Total drug-related episodes

  - From 1990 to 1999, the number of total drug-related episodes reported to DAWN increased 49 percent, from 371,208 to 554,932 (Figure 1).

  - Among patients age 35 and older, the number of drug-related episodes has increased 124 percent from 1990 to 1999 (from 115,954 to 259,318), while the number of episodes among the other age groups increased less than 20 percent (Figure 11). It is important to note, however, that the population age 35 and older grew 20 percent from 1990 to 1999, whereas the population younger than 35 remained essentially stable.

- Illicit drug mentions

  - Mentions of the four major illicit drugs increased from 1990 to 1999 as follows:: marijuana/hashish (455%, from 15,706 to 87,150), methamphetamine/speed (100%, from 5,236 to 10,447), heroin/morphine (149%, from 33,884 to 84,409), cocaine (110%, from 80,355 to 168,763) (Figure 11).

  - Patients age 35 and older experienced the largest increase in marijuana/hashish mentions (1,078%, from 2,160 to 25,453) from 1990 to 1999 (Figure 11).

  - Among adolescents age 12 to 17, mentions of marijuana/hashish increased 489 percent (from 2,170 to 12,784) between 1990 and 1999 (Table 26). This is a dramatic increase, considering that total drug-related episodes among patients age 12 to 17 increased only 7 percent (from 49,109 to 52,783) between 1990 and 1999 (Figure 11). Although youth age 12 to 17 are found in lower than average numbers among methamphetamine/speed, cocaine, and heroin/morphine mentions, the long-term trends for these drugs have been upward (Figures 11 and 13).

  - Although males consistently outnumber females in illicit drug mentions, their patterns of growth were similar. Between 1990 and 1999, mentions of cocaine and heroin/morphine more than doubled for both males and females. ED mentions of marijuana/hashish in 1999 were 6 and 5 times their 1990 levels for females and males, respectively (Figure 15).

  - Among the 21 metropolitan areas oversampled in DAWN, Baltimore has had the highest rates of ED episodes involving cocaine and heroin/morphine since 1992 and 1994, respectively (Tables 36 and 38).

INTRODUCTION

This report presents information on drug-related emergency department (ED) episodes collected through the Drug Abuse Warning Network (DAWN) through December of 1999. Since late 1992, DAWN data collection and reports publication have been the responsibility of the Office of Applied Studies (OAS) at the Substance Abuse and Mental Health Services Administration (SAMHSA). Earlier operation of DAWN and periodic reports from the data system were provided by the National Institute on Drug Abuse (NIDA) and, before that, by the Drug Enforcement Administration (DEA).

This report contains final estimates of drug-related ED episodes and specific drug mentions for full years from 1992 through 1999. Final estimates for each half-year period for 1994 through 1999 are provided for reference. Final 1999 estimates are presented in this report for the first time.

This Year-End Report is similar in format to the Mid-Year 1999 Preliminary ED Report published in March 2000. Although both include estimates for the first 6 months of 1999, estimates shown in this report may differ slightly from those presented in the Mid-Year Report due to late reporting hospitals and revisions to the data weights for the present report (see Appendix A, Section III). The 1999 Detailed ED Tables (published exclusively on the Internet[1]) contain additional tables for these 1999 data.

This introduction includes a brief overview of DAWN data collection and highlights issues for the reader to consider in interpreting DAWN data. This is followed by sections with specific focuses on trends in: drug abuse episodes overall; cocaine mentions; heroin/morphine mentions; marijuana/hashish mentions; mentions of other illicit drugs, including methamphetamine/speed, PCP, and LSD; episodes in the 21 metropolitan areas oversampled in DAWN; and prescription and over-the-counter (OTC) drug-related episodes reported to DAWN. A separate section summarizes rates of episodes and mentions per 100,000 population.

The DAWN system also collects data on drug-related deaths from a nonrandom sample of medical examiners. Medical examiner data are published annually in separate reports [i.e., *Drug Abuse Warning Network Annual Medical Examiner Data*].

OVERVIEW OF DAWN ED DATA

The DAWN system provides information on the health consequences of drug use in the United States as manifested by drug-related visits to hospital EDs. Hospitals eligible for DAWN are non-Federal, short-stay, general hospitals that have a 24-hour emergency department in the coterminous U.S. Since 1988, DAWN ED data have been collected from a representative sample of eligible hospitals located throughout the coterminous U.S., with oversampling in 21 metropolitan areas and a National Panel of hospitals sampled from locations outside these areas.

[1] DAWN reports are available on the SAMHSA website at http://www.samhsa.gov/oas/p0000018.htm.

In 1999, the DAWN sample consisted of 592 eligible hospitals. Of these, 488 (82%) participated in the DAWN ED survey. The 1999 sample of hospitals submitted data on 182,587 drug abuse episodes with an average of 1.77 drug mentions per episode.

For this report, data have been weighted to produce estimates representing all ED drug episodes and drug mentions in the total coterminous U.S.[2] and in the 21 metropolitan areas (see Appendix A). For analysis, hospitals in the 21 metropolitan areas are sometimes classified by location – inside or outside the central city portion of those areas. The National Panel represents hospitals outside of the 21 metropolitan areas. Data for the 21 metropolitan areas are pooled with data from the National Panel to produce the national estimates.

DATA COLLECTION METHODOLOGY

Within each facility that participates in DAWN, a designated DAWN reporter, who is usually a member of the ED or medical records staff, is responsible for reviewing medical charts to identify drug abuse episodes eligible for inclusion in DAWN. DAWN reporters rely on information from medical charts that originates with hospital staff who treated the patient. Ultimately, the accuracy and completeness of DAWN reports depend on the careful recording of information by the medical staff and on the accuracy and completeness of the information provided to the medical staff by the patient.

The DAWN reporter submits an episode report to the DAWN system for each drug abuse patient who visits a DAWN ED and meets certain criteria. To be included in DAWN, the patient presenting to the ED must be between age 6 and 97 and meet all 4 of the following criteria:

- The patient was treated in the hospital's ED;
- The patient's presenting problem(s) (i.e., the reason for the ED visit) was induced by or related to drug use, regardless of when the drug use occurred;
- The episode involved the use of an illegal drug or the use of a legal drug or other chemical substance contrary to directions; and
- The patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effects.

In addition to drug overdoses, reportable ED episodes may result from the chronic effects of habitual drug use or from unexpected reactions. Unexpected reactions reflect cases where the drug's effect was different than anticipated (e.g., caused hallucinations). DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or over-the-counter medications taken as prescribed.

A single drug abuse episode may have multiple drug mentions. Up to 4 different substances can be recorded for each ED episode. Therefore, not every reported substance is, by itself, necessarily a cause of the medical emergency. On the other hand, substances that contributed to a drug abuse episode may occasionally go unreported or undetected. Even when only one substance is reported for an episode, an allowance should be made for reportable drugs not mentioned or for other contributory factors.

[2] The total coterminous U.S. consists of 48 contiguous states and the District of Columbia. Alaska and Hawaii are excluded.

Alcohol use is reported to DAWN **only** when consumed in combination with a reportable substance.

In addition, each report of a drug-related ED episode includes demographic information about the patient and information about the circumstances of the episode (e.g., the date and time of the ED visit, the reason the patient came to the ED). For each drug mentioned, the DAWN report includes the form in which the drug was acquired (e.g., liquid, pieces), its source (e.g., street buy, patient's own legal prescription), and its route of administration (e.g., oral, injection). Only one reason for the ED contact and one reason for taking substances is recorded, regardless of the number of substances involved.

EXPLANATION OF TABLES

The tables included at the end of this report present estimates of total drug episodes, total drug mentions, and mentions of 35 specific drugs plus alcohol-in-combination. Also included are detailed tabulations for cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed mentions. Drug mentions are shown by metropolitan areas, age, gender, race/ethnicity, central city versus outside central city, motive for taking the substance, and reason for ED visit. Data shown in these tables are based on the representative sample of hospitals that was implemented in 1988 and updated periodically since then.

Odd-numbered tables report semi-annual data from the first half of 1994 through the second half of 1999. Even-numbered tables report annual data from 1992 through 1999.

Tables 29 to 56 report semi-annual and annual rate data adjusted for population. The rate tables present estimates of ED drug episodes and mentions per 100,000 population in metropolitan areas and in the Nation broken out by age and gender.

Unlike DAWN ED reports published for data prior to 1999, the relative standard errors (RSEs) for these data are presented on the Internet in a similar tabular format at http://www.samhsa.gov/OAS/. The RSEs for corresponding rates and estimates are identical. For this reason, many of the corresponding tables have been combined. That is, the Internet Tables RSE-1 to RSE-16 correspond to Tables RSE-29 to RSE-44.

CONSIDERATIONS WHEN INTERPRETING DAWN DATA

When reporting and interpreting findings from this report, the reader needs to recognize what DAWN data are and what they are not. DAWN data do not measure the frequency or prevalence of drug use in the population, but rather the health consequences of drug use that are reflected in visits to hospital EDs. Moreover, estimates of drug episodes and mentions may increase or decrease for reasons unrelated to the size or characteristics of the drug-using population. The reader should consider the following when interpreting DAWN data estimates.

- The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one person may make repeated visits to an ED. DAWN data contain no personal identifiers, which would be required to estimate repeat visits.

- DAWN data may be affected by data collection procedures and thereby reflect changes in hospital services or operations. A hospital in one city may open a new detoxification unit that diverts drug-related episodes away from the ED. Conversely, in another city, people may go to the ED to seek care for detoxification because they are unable to gain admission to a drug treatment facility or because they need medical certification before entering treatment.

- Estimates of drug-related ED episodes or mentions may be affected by reporting patterns. For example, a change to computer-based recordkeeping systems in a hospital ED could increase or decrease the number of ED visits identified as drug related.

- Greater awareness and knowledge of drug-related problems may result in a greater propensity for ED staff to record drug use in the ED record. Alternatively, the sensitivity of drug-related problems may reduce patients' willingness to disclose drug use and providers' willingness to record it in the permanent medical record.

- Estimates of drug-related ED episodes or mentions are affected if the weights applied to the data change in an irregular way. We routinely investigate irregular weights and data, and review of the weights and data used in this report did not reveal any factors that are unduly responsible for the trends reported.

- Trends may be affected by additional factors concerning the sample composition. See Appendix B for more information regarding sampling.

- Graphs illustrating trends in drug mentions often use different scales for the vertical axis.

INTERPRETATION OF STATISTICAL SIGNIFICANCE

The estimated numbers of episodes and mentions reported in detailed tables in this report are accompanied by *p*-values of statistical tests for differences between time periods. In tables presenting estimates for half years, the first half of 1999 is compared to the second half of 1999, then the second halves of 1998 and 1999 are compared. In tables presenting estimates for full years, 1999 is compared to 1998 and also to 1997. However, the purpose of this report is to release final estimates for 1999, with a focus on the full year. Estimates for half years are presented in this report primarily for reference.

In describing statistically significant differences in this report, the traditional level of statistical significance (*p* less than 0.05) is used. The tables show both *p*-values and the direction of difference indicated by "+" and "-" signs for statistically significant comparisons. The statistical test used to determine the significance levels are t-tests (with infinite degrees of freedom). That is, the change score, or the difference between the 2 estimates, is divided by the standard error of the estimate. A value of zero is expected under the null hypothesis.

Although tests for statistical significance are important tools in interpreting data, significance does not always imply that the difference is large or important. Small changes that are statistically significant may occur frequently at the metropolitan area level in DAWN due to the selection of all eligible hospitals (which constitutes a census) in Baltimore, Buffalo, Denver, San Diego, and San Francisco [see the 1994 Annual ED Data, Series I, Number 14-A, DHHS Pub.

No. (SMA) 96-3104, page 10], along with sampling many other metropolitan areas at a high frequency. The closer the sample is to a census, the higher is the likelihood that a change will be statistically significant, no matter how small it may be. While technically there is no sampling variability in the 5 areas noted, some variability is due to the hospitals' nonresponse, which is treated as sampling error in the variance calculations.

Nonsampling errors such as nonresponse and reporting errors may affect the outcome of significance tests. While *p* less than 0.05 significance level is used to determine statistical significance in the DAWN ED sample, large differences associated with slightly higher *p*-values (specifically those between 0.05 and 0.10) may be worth noting. On the other hand, statistically significant differences are not always meaningful, because the size of the difference may be small or because the significance may have occurred simply by chance. In a series of 20 independent tests, it is to be expected that one test will indicate a significant difference merely by chance even if there is no real difference in the populations compared. The text often discusses more than one comparison within a given table (e.g., comparing percentages for different subgroups). However, we have made no attempt to adjust the level of significance to account for these multiple comparisons. Therefore, the probability of falsely rejecting the null hypothesis at least once in a family of comparisons is higher than the significance level given for individual comparisons (in this report, 0.05).

CONSIDERATIONS WHEN READING DETAILED DATA TABLES

For many of the trends described in the text bullets of this report, the actual numbers cited are found in the cited source table. In other instances, typically when the trend is described as a percentage change, the statistic was derived from the cited source table.

In this report, estimates with RSEs of 50 percent or higher are regarded as too imprecise and are not published. With an RSE of 50 percent, the 95-percent confidence interval for an estimate ranges from 2 to 198 percent of the estimate's value. In the tables, the symbol "…" is substituted for estimates with an RSE of 50 percent or higher. The 3-dot symbol identifies cells in which the estimates do not meet the standard of precision required for publication.

Historically, in DAWN ED reports for 1998 and earlier, estimates of less than 10 were not shown in the tables because we deemed them and their associated RSEs to be unreliable. Percentages corresponding to these numbers were shown or suppressed according to the same rules.

Beginning with the 1999 ED data, estimates of less than 10 are no longer suppressed in DAWN Detailed ED Tables or other ED reports. Many estimates as small as this will be suppressed by virtue of having RSEs greater than 50 percent. For those that are shown in the tables, we note for the reader that small numbers and their associated RSEs should be interpreted with caution.

Beginning with the 1999 ED and 1997 ME data, we began suppressing small cells in selected tables to protect the confidentiality of individuals who are the subjects of these data. We will continue this practice for tables that involve detailed cross tabulations of patient and geographic characteristics.

As described in Appendix A, the DAWN ED data for 1995 through 1997 were reweighted and reprogrammed, and the data presentations were improved during 1998. This report

sometimes summarizes changes between 1997 and 1999, especially when a consistent trend prevailed over this 2-year period. In addition, the graphic presentations emphasize changes across the decade from 1990 through 1999.

ANNUAL TRENDS IN TOTAL DRUG EPISODES

This section presents annual estimates from the DAWN survey on the number of total drug-related ED episodes and mentions of particular drugs. The following discussion focuses on comparisons of estimates from 1998 and 1999. Tables also show statistical tests comparing 1999 estimates with those for 1997. Long-term trends in drug-related ED episodes overall and for those involving the most frequently mentioned illicit drugs are shown in Figures 1 and 2.

What is Statistically Significant?

DAWN reports consider a difference to be statistically significant if the associated *p*-value is less than 0.05. This indicates a 95 percent chance that the difference did not occur by chance alone.

TOTAL DRUG-RELATED EPISODES

- In 1999, there were 554,932 drug-related ED episodes in the coterminous U.S. with 1,015,206 drug mentions. There was no statistically significant change between 1998 and 1999 in the number of ED episodes (from 542,544 to 554,932) or ED drug mentions (from 982,856 to 1,015,206) (Table 2 and Figure 1).

- Cocaine continued to be the most frequently mentioned illicit drug, comprising 30 percent of episodes (168,763 mentions) in 1999. Cocaine was followed in frequency by marijuana/hashish (16%, 87,150 mentions), heroin/morphine (15%, 84,409 mentions), amphetamine (2%, 11,954 mentions), and methamphetamine/speed (2%, 10,447 mentions) (Table 2). In 1999, marijuana/hashish mentions exceeded heroin/morphine mentions, changing a rank ordering of illicit drug mentions that had been constant since 1990 (Figure 2).

- Alcohol-in-combination was mentioned in 35 percent (196,277) of ED drug episodes in 1999 (Table 2). Note that alcohol is only reported to DAWN when present in combination with another reportable drug.

CHANGES FROM 1998 TO 1999

- A comparison of 1998 and 1999 revealed:

  - No significant changes for amphetamine, cocaine, heroin/morphine, LSD, marijuana/hashish, methamphetamine/speed, or PCP/PCP combinations (Table 2);

  - Decreases only among the following OTC/prescription drugs: thioridazine (61%), haloperidol (44%), phenobarbital (41%), acetaminophen with codeine (26%), aspirin (17%), ibuprofen (16%), and acetaminophen (12%) (Table 2); and

  - No significant increases in any of the drugs listed in these tables (Table 2).

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

- Total drug-related ED episodes were stable across gender, race/ethnicity, and most age subgroups, based on comparisons of 1998 and 1999 (Table 18).

- From 1998 to 1999, total drug-related ED episodes for the 12-to-17 age group decreased 11 percent (from 59,086 to 52,783) (Table 18), and mentions of cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed were statistically unchanged (Tables 22, 24, 26, and 28).

- For patients age 18 to 25, the number of marijuana/hashish mentions increased 19% from 22,907 in 1998 to 27,272 in 1999 (Table 26).

EPISODE CHARACTERISTICS

- Motives for taking substances

  - In drug-related ED episodes during 1999, *dependence* (37% of episodes) and *suicide* (32%) were the most frequently cited motives for taking substances (Table 18).

  - Between 1998 and 1999, drug-related ED episodes involving suicide decreased 8 percent from 189,897 to 174,857 (Table 18).

  - However, 20 percent of episodes had other or unknown motives reported during 1999 (Table 18).

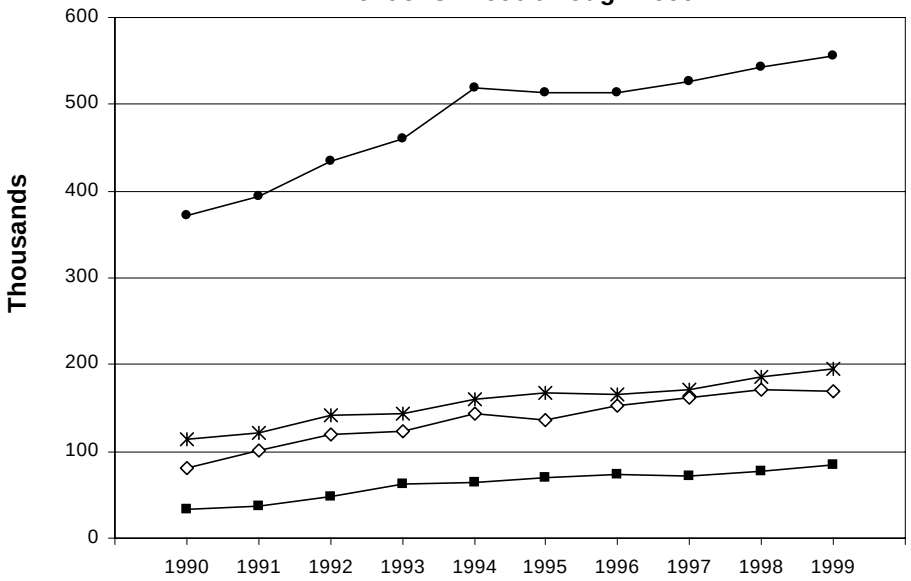
- Reasons for ED contact

  - *Overdose* was the most frequently cited reason for the drug-related ED contacts (42%, 232,283 episodes) in 1999 (Table 18).

  - Between 1998 and 1999, reasons for ED contacts were statistically unchanged (Table 18).

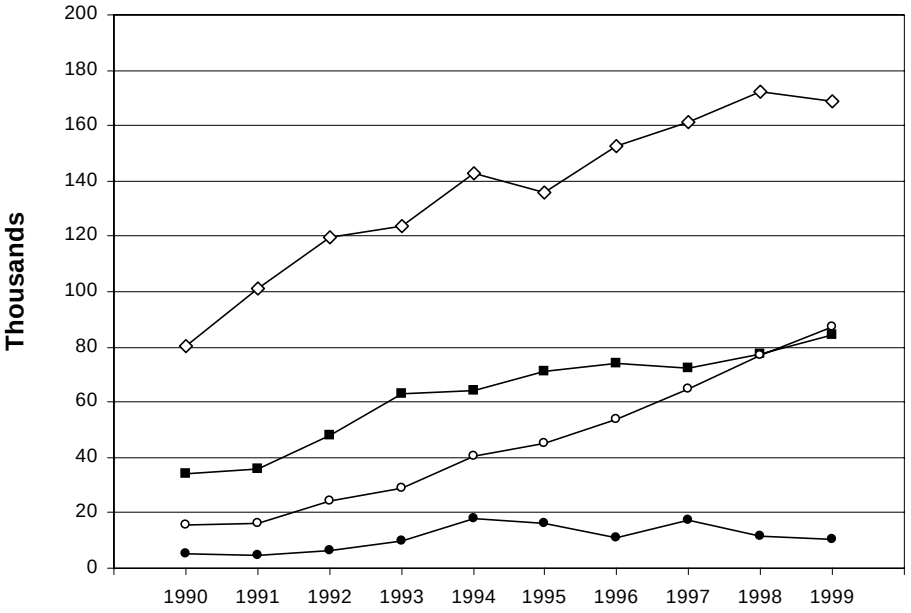
  - However, 17 percent of ED episodes had other or unknown reasons for the ED visit (Table 18).

Figure 1
Number of total drug-related episodes and alcohol-in-combination, cocaine, and heroin/morphine mentions: 1990 through 1999



	Total Episodes	Alcohol-in-combination	Cocaine	Heroin/morphine
1990:	371,208	115,162	80,355	33,884
1999:	554,932	196,277	168,763	84,409

Figure 2
Number of drug-related episodes by selected drugs: 1990 through 1999



	Cocaine	Heroin/morphine	Marijuana/hashish	Methamphetamine/speed
1990:	80,355	33,884	15,706	5,236
1999:	168,763	84,409	87,150	10,447

ANNUAL TRENDS IN COCAINE MENTIONS

This section presents annual estimates of the number of cocaine mentions in drug-related ED episodes. Cocaine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs. Long-term trends in cocaine mentions for subgroups of patients, based on age and race/ethnicity, are shown in Figures 3 and 4.

- In 1999, cocaine was mentioned in 30 percent of all drug-related ED episodes (168,763 mentions). Cocaine mentions, which have risen steadily from 1990 to 1996, remained relatively stable from 1997 (161,087) to 1998 (172,014) and from 1998 to 1999 (168,763) (Table 2 and Figure 2).

- From 1998 to 1999, no significant changes in cocaine mentions were evident for age, gender, or race/ethnicity groups (Table 22).

- In 1999, 51 percent of cocaine mentions (85,871) occurred in ED episodes of patients age 35 and older (Table 22). Since 1990, mentions for patients age 35 and older increased 272 percent, while mentions for other age groups rose 29 to 73 percent (Figure 3).

- In 1999, nearly two-thirds (65%) of cocaine mentions occurred among ED episodes of males (Table 22). From 1990 to 1999, cocaine mentions doubled for both males and females (from 52,213 to 109,280 for males and from 27,150 to 58,256 for females).

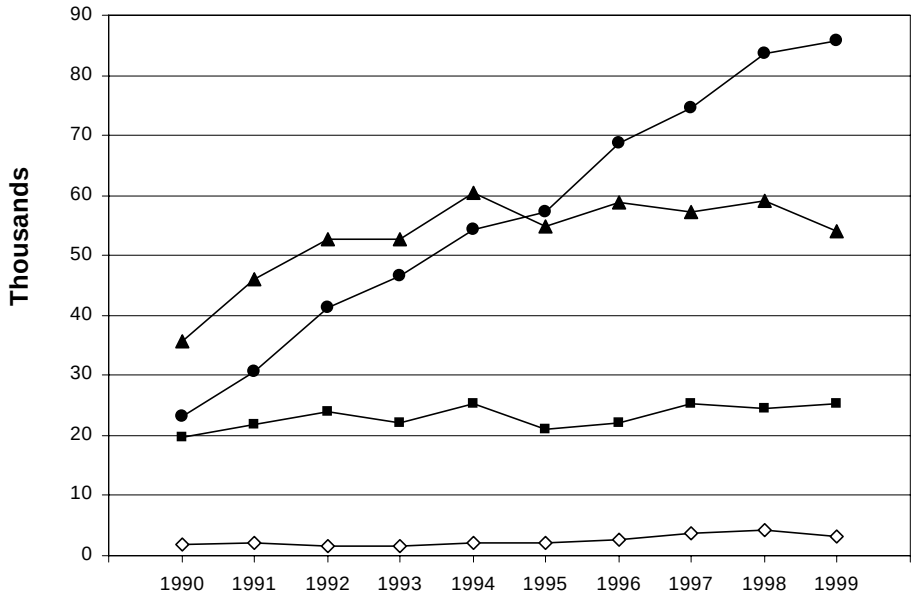
- In 1999, 46 percent of cocaine mentions occurred in ED episodes of black patients, 34 percent of white patients, and 12 percent of Hispanic patients (Table 22). Increases in mentions from 1990 to 1999 have been highest among Hispanic patients (209%), followed by white patients (135%), while mentions among black patients have risen 81 percent (Figure 4).

- Within the 21 metropolitan areas oversampled in DAWN, cocaine mentions decreased 6 percent in hospitals inside the central cities (from 82,459 to 77,177) in 1999, returning to 1997 levels (78,502) (Table 22). Cocaine mentions were relatively stable in hospitals outside those central cities.

- Among cocaine-related episodes, *dependence* (59% of episodes) was the most commonly reported motive for drug use in 1999. *Recreational use* and *suicide attempt* accounted for 15 and 9 percent of reported motives, respectively. Seventeen percent of cocaine mentions had motives reported as unknown or "other" (Table 22).

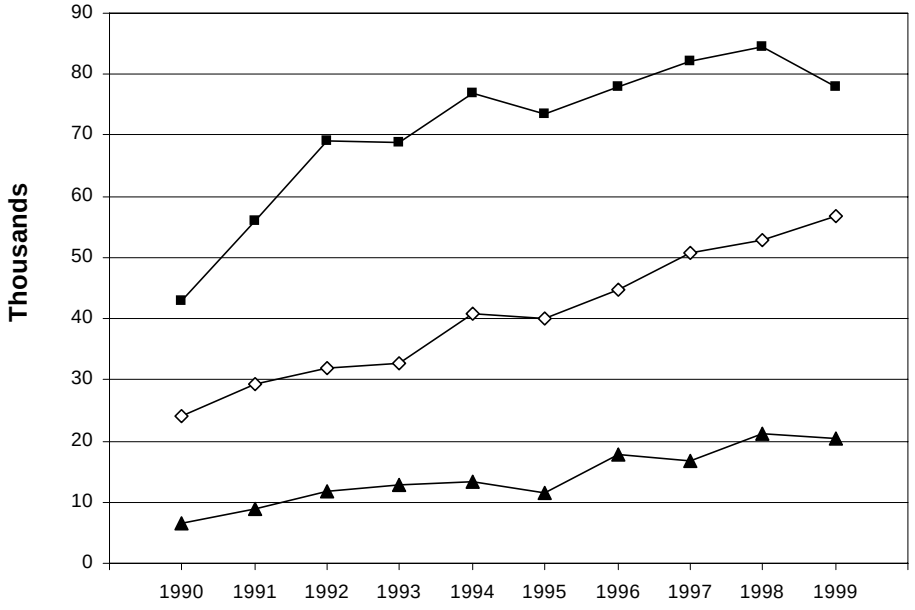
- In 1999, the most frequently reported reasons for ED contact in which cocaine was mentioned were *seeking detoxification* (26%) and *unexpected reaction* (22%). Another 20 percent had "other" or unknown reasons reported (Table 22).

Figure 3
Number of cocaine mentions by age:
1990 through 1999



	12-17	18-25	26-34	35+
1990:	1,859	19,614	35,639	23,054
1999:	3,215	25,271	54,060	85,871

Figure 4
Number of cocaine mentions by race/ethnicity:
1990 through 1999



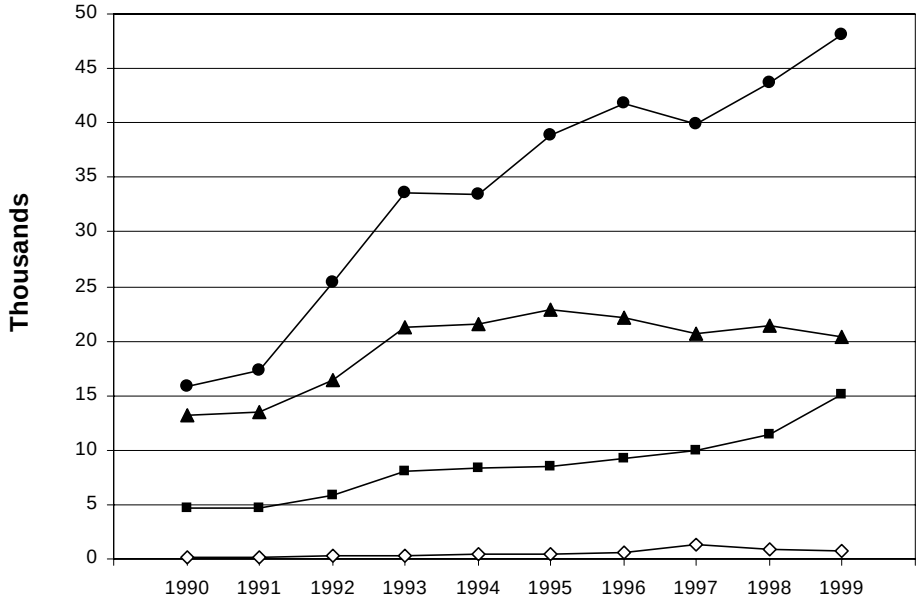
	White	Black	Hispanic
1990:	24,100	43,010	6,627
1999:	56,730	78,018	20,460

ANNUAL TRENDS IN HEROIN/MORPHINE MENTIONS

This section presents annual estimates of the number of heroin/morphine mentions in drug-related ED episodes. Heroin/morphine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs. Figures 5 and 6 illustrate long-term trends in heroin/morphine mentions among subgroups of patients, based on their age and race/ethnicity.

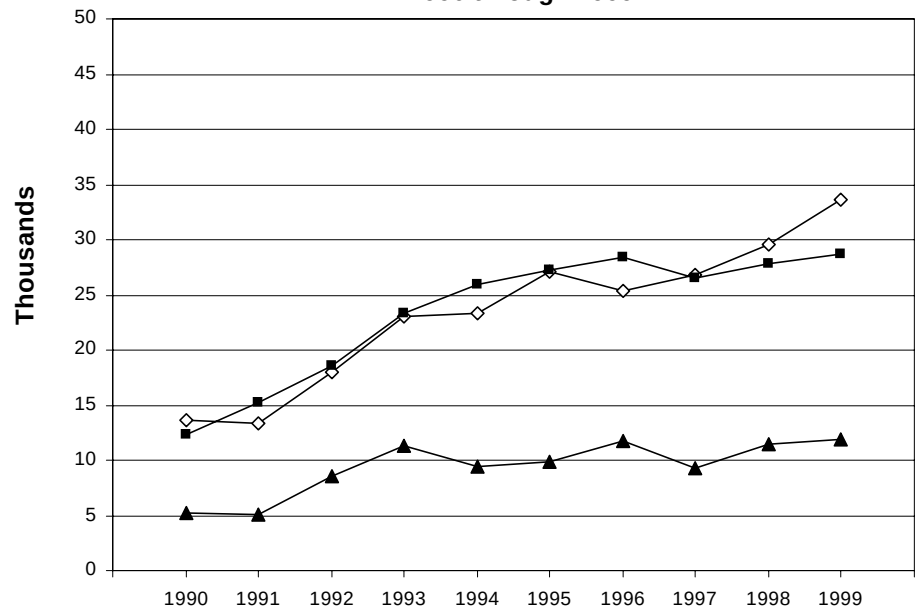
- In 1999, 15 percent (84,409) of all drug-related episodes had mentions of heroin/morphine (Table 2). From 1990 to 1996, the number of heroin/morphine mentions rose steadily (from 33,884 to 73,846), but heroin/morphine mentions have remained relatively stable from 1996 through 1999 (Figure 1).
- No significant changes in heroin/morphine mentions were evident for age, gender, or race/ethnicity groups from 1998 to 1999, but increases were evident for patients age 35 and older (21%) and for females (17%) from 1997 to 1999 (Table 24).
- Patients age 35 and older accounted for the majority (57%) of heroin/morphine mentions in 1999 (Table 24). Since 1990, heroin/morphine mentions for these adults have tripled (from 15,850 to 48,104), as have mentions for younger adults age 18 to 25 (from 4,654 to 15,132) (Figure 5). Although mentions for patients age 12 to 17 increased 277 percent from 1990 to 1999 (from 182 to 686 mentions, Figure 5), these young patients still account for only 1 percent of heroin/morphine mentions overall.
- In 1999, 67 percent of heroin/morphine mentions occurred among males (Table 24). From 1990 to 1999, heroin/morphine mentions for both males and females doubled (from 22,867 to 56,624 for males, 10,691 to 27,157 for females).
- In 1999, white and black patients constituted 40 and 34 percent of heroin/morphine mentions, respectively (Table 24). Hispanic patients were represented in 14 percent of heroin/morphine mentions. Between 1998 and 1999, heroin/morphine mentions were relatively stable for these three race/ethnicity subgroups. However, trends for race/ethnicity subgroups need to be interpreted cautiously, since race/ethnicity was reported as "other" or unknown in 12 percent of mentions.
- Within the 21 metropolitan areas oversampled in DAWN, the majority (56%) of heroin/morphine mentions in 1999 occurred in hospitals inside the central cities (Table 24). Mentions of heroin/morphine by central city location remained stable between 1998 and 1999.
- Among ED episodes involving heroin/morphine in 1999, *dependence* accounted for 81 percent of the reported motives (Table 24). Another 9 percent of patients had motive reported as unknown or "other." No statistically significant change occurred between 1998 and 1999 for drug use motive.
- In 1999, the most frequently reported reasons for ED visits with heroin/morphine mentions were *seeking detoxification* (32%), *overdose* (20%), and *chronic effects* (18%) (Table 24). Nine percent of heroin/morphine-related ED visits had "other" or unknown reasons reported.

Figure 5
Number of heroin/morphine mentions by age:
1990 through 1999



	12-17	18-25	26-34	35+
1990:	182	4,654	13,127	15,850
1999:	686	15,132	20,380	48,104

Figure 6
Number of heroin/morphine mentions by race/ethnicity:
1990 through 1999



	White	Black	Hispanic
1990:	13,667	12,313	5,195
1999:	33,645	28,726	11,858

ANNUAL TRENDS IN MARIJUANA/HASHISH MENTIONS

When reported as DAWN ED mentions, marijuana/hashish is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. The following reports the number of marijuana/hashish mentions based on annual data from the DAWN survey. Figures 7 and 8 show the long-term trends in marijuana/hashish mentions by patient subgroups, based on age and race/ethnicity.

- Marijuana/hashish was mentioned in 16 percent (87,150) of all drug-related episodes in 1999 (Table 2). Total marijuana/hashish mentions have increased steadily from 1990 (15,706) to 1999—an increase of 455 percent (Figure 2). Although there was no significant increase in the number of mentions from 1998 (76,870) to 1999, the number of mentions in 1999 were 35 percent higher than in 1997 (64,744).

- Between 1998 and 1999, the number of marijuana/hashish mentions increased 19 percent (from 22,907 to 27,272) among young adults age 18 to 25 (Table 26). None of the changes in marijuana/hashish mentions from 1998 to 1999 were statistically significant for the other age groups. However, from 1997 to 1999 marijuana/hashish mentions increased 41 percent for patients age 18 to 25 and 49 percent for those age 35 and older.

- Marijuana/hashish mentions have risen dramatically during the 1990s for all age groups (Figure 7). Among youth age 12 to 17, marijuana/hashish mentions have increased 487 percent, from 2,170 to 12,734, between 1990 and 1999. There was no significant change in the number of marijuana/hashish mentions for this age group between 1998 and 1999 (Table 26).

- In 1999, 52 percent of ED marijuana/hashish mentions occurred among white ED patients, 29 percent among black ED patients, and 10 percent among Hispanic ED patients (Table 26). From 1998 to 1999, the change in marijuana/hashish mentions was not statistically significant for any of these 3 race/ethnicity subgroups. However, between 1990 and 1999, marijuana/hashish mentions increased 480 percent among white patients, 589 percent among Hispanic patients, and 392 percent among black patients (Figure 8).

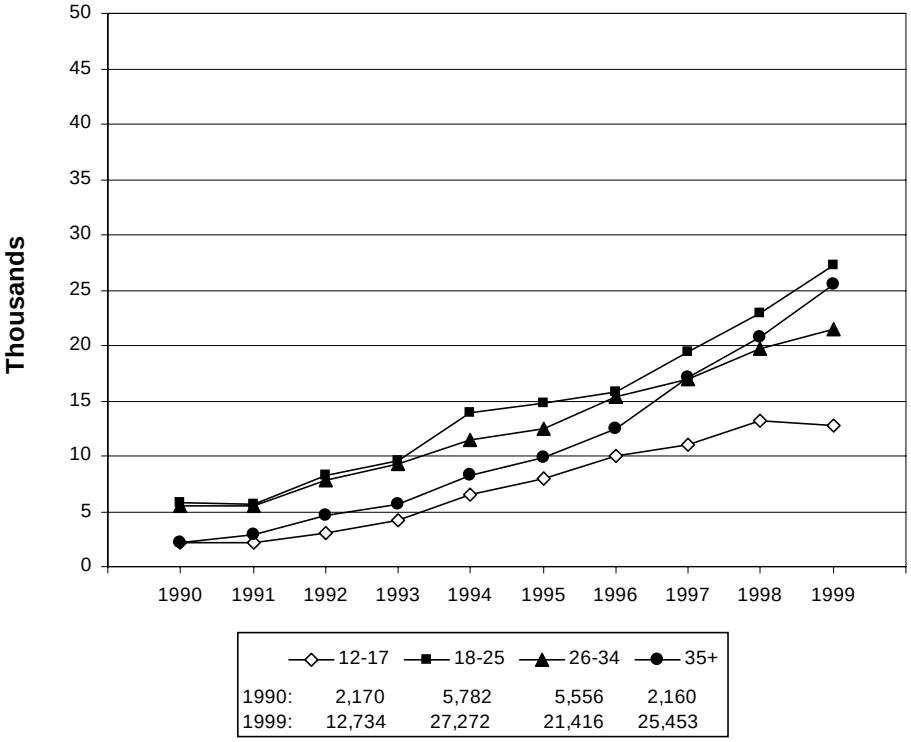
- Marijuana/hashish-related episodes were relatively stable between 1998 and 1999 for males or females (Table 26). This follows a 34 percent increase for both genders (from 43,179 to 58,059 for males and from 21,028 to 28,274 for females) between 1997 and 1999.

- From 1998 to 1999, within the 21 metropolitan areas oversampled in DAWN, marijuana/hashish mentions remained stable in EDs inside and outside the central cities (Table 26).

- Marijuana/hashish mentions related to all motives and most reasons were stable from 1998 to 1999 (Table 26). Although ED contacts due to *unexpected reaction* increased 29 percent (from 18,008 to 23,146), 2 important caveats must be kept in mind. First, the reason for ED contact and the drug use motive were frequently unknown or

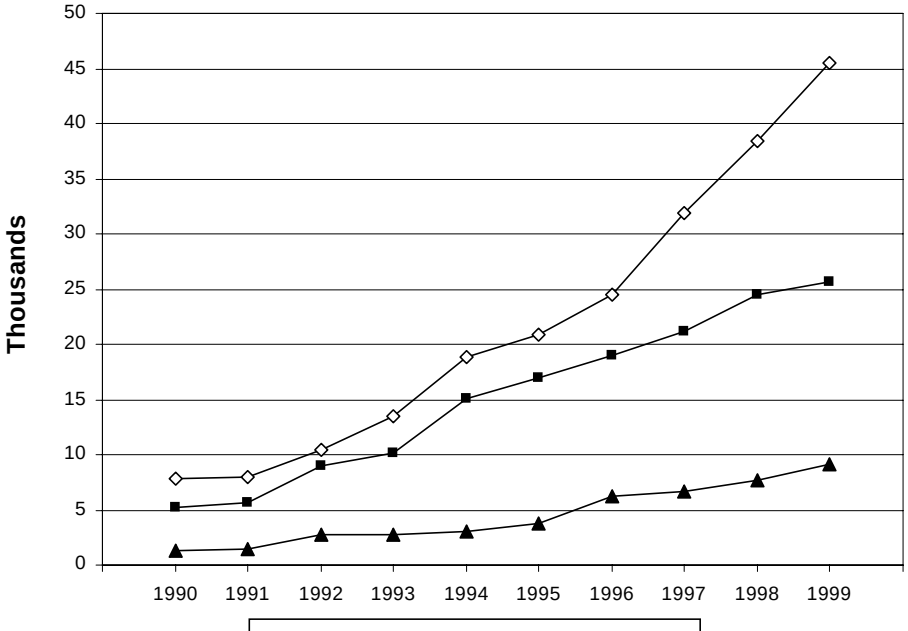
reported as "other" (30% and 26% of mentions, respectively). Second, drug use motive and reason for ED contact pertain to the episode, not a particular drug. Since marijuana/hashish is frequently present in combination with other drugs, the reason for the ED contact may be more relevant to the other drug(s) involved in the episode.

Figure 7
Number of marijuana/hashish mentions by age: 1990 through 1999



	12-17	18-25	26-34	35+
1990:	2,170	5,782	5,556	2,160
1999:	12,734	27,272	21,416	25,453

Figure 8
Number of marijuana/hashish mentions by race/ethnicity: 1990 through 1999



	White	Black	Hispanic
1990:	7,835	5,207	1,315
1999:	45,464	25,613	9,066

ANNUAL TRENDS IN OTHER ILLICIT DRUG MENTIONS

This section presents estimates for selected other illicit drugs not previously addressed. These drugs are sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs.

METHAMPHETAMINE/SPEED

- Methamphetamine/speed was mentioned in 2 percent of drug-related episodes in 1999 (Table 2). Nationally, methamphetamine/speed mentions were relatively stable from 1998 (11,491) to 1999 (10,447).
- About two-thirds (67%) of methamphetamine/speed mentions in 1999 were attributed to the National Panel, which represents hospitals outside the 21 DAWN metropolitan areas (Table 14). Figure 9 shows that fluctuations in the trend observed since 1993 are due in large part to fluctuations in the methamphetamine/speed mentions estimated for the National Panel. It is important to note that the apparent changes in methamphetamine/speed mentions for the National Panel from 1998 to 1999 were not statistically significant. Similarly, apparent changes in the National Panel from 1997 to 1998, from 1996 to 1997, from 1995 to 1996, and from 1994 to 1995 were not statistically significant.
- Within the 21 metropolitan areas, a 9 percent decrease in methamphetamine/speed mentions between 1998 to 1999 occurred for EDs inside central cities, leaving the 1999 level within central cities at its lowest level since 1992 (Table 28 and Figure 9).
- Figure 10 compares methamphetamine/speed and amphetamine mentions. The number of amphetamine mentions reached the level of methamphetamine/speed mentions in 1998 (11,751 vs.11,491 mentions, respectively) and exceeded methamphetamine/speed mentions in 1999 (11,954 vs. 10,447) (Table 2). Except for the spikes in the methamphetamine/speed mentions mentioned above, the 2 drugs exhibit roughly similar trends from 1990 through 1998.

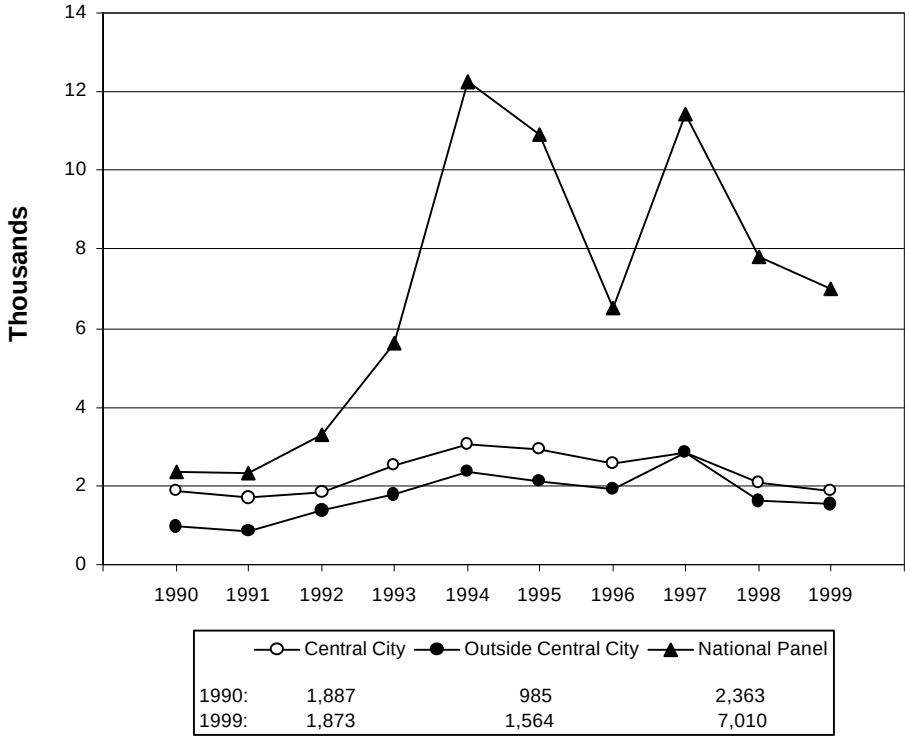
PCP

- ED mentions for PCP/PCP combinations remained relatively stable between 1998 (4,033 mentions) and 1999 (4,969 mentions). Mentions of PCP/PCP combinations in 1999 were 6 percent lower than in 1992 (5,282 mentions) (Table 2).

LSD

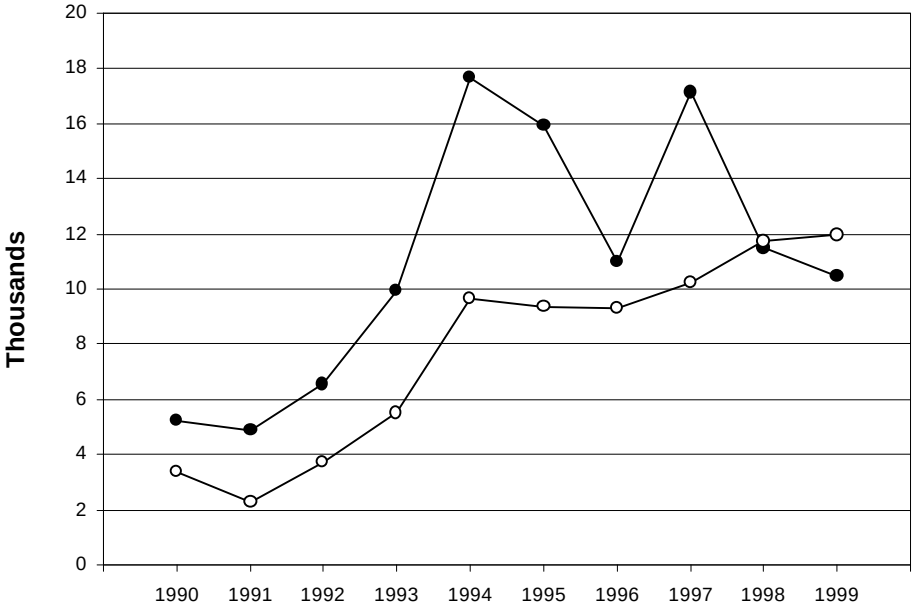
- There were no statistically significant changes in LSD mentions from 1998 to 1999. However, LSD mentions in 1999 were 46 percent higher than in 1992 (5,126 vs. 3,499 mentions) (Table 2).

Figure 9
Number of methamphetamine/speed mentions by location: 1990 through 1999



	Central City	Outside Central City	National Panel
1990:	1,887	985	2,363
1999:	1,873	1,564	7,010

Figure 10
Number of methamphetamine/speed and amphetamine mentions: 1990 through 1999



	Methamphetamine/speed	Amphetamine
1990:	5,236	3,362
1999:	10,447	11,954

ANNUAL TRENDS IN PRESCRIPTION AND OVER-THE-COUNTER DRUG-RELATED EPISODES

Generic name	Brand name
acetaminophen	Tylenol
alprazolam	Xanax
amitriptyline	Elavil
carbamazepine	Tegretol
carisoprodol	Soma
clonazepam	Klonopin
cyclobenzaprine	Flexeril
diazepam	Valium
diphenhydramine	Benadryl
doxepin	Sinequan
d-Propoxyphene	Darvocet N, Darvon
fluoxetine	Prozac
haloperidol	Haldol
imipramine	Tofranil
lithium carbonate	Eskalith
lorazepam	Ativan
naproxen	Naprosyn
oxycodone	Percocet 5, Percodan, Tylox
thioridazine	Mellaril
trazodone	Desyrel
triazolam	Halcion

DAWN also receives reports of ED episodes involving the nonmedical use of legal drugs. Accidental overdoses of over-the-counter (OTC) or prescription drugs taken as directed are not reportable unless they were used in combination with an illicit drug. Generally, most drug-related episodes involving OTC drugs report *suicide attempt or gesture* as the motive for use. In addition, alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 35 percent (196,277) of ED drug episodes in 1999. Mentions of alcohol-in-combination were stable from 1998 to 1999 (Table 2).
- In 1999, the following non-narcotic analgesics were mentioned: acetaminophen (5% of episodes, 28,258), ibuprofen (3%, 14,400), aspirin (2%, 12,815), and naproxen (1%, 4,610) (Table 2). Mentions of aspirin, ibuprofen, and acetaminophen decreased 17, 16, and 12 percent respectively between 1998 and 1999, while mentions of naproxen remained stable.
- Among the narcotic analgesics, hydrocodone was mentioned in 3 percent (14,639) of ED episodes, and oxycodone (6,429), d-Propoxyphene (6,252), and acetaminophen with codeine (3,721) were each mentioned in 1 percent of episodes in 1999 (Table 2). Mentions of acetaminophen with codeine decreased 26 percent from 1998 to 1999 (44% from 1997 to 1999). Mentions of hydrocodone were unchanged from 1998 to 1999, but increased 37 percent from 1997 to 1999. The other narcotic analgesics were unchanged.
- Among the antidepressants, trazodone (9,853) and fluoxetine (9,379) were each mentioned in 2 percent of ED episodes and showed no changes between 1998 and 1999 (Table 2). Mentions of amitriptyline (5,716, 1% of episodes) and imipramine (751, 0.1% of episodes), although stable from 1998 to 1999, decreased 32 and 46 percent, respectively, from 1997 to 1999.
- Mentions of the benzodiazepines, alprazolam (20,484, 4% of episodes), clonazepam (16,584, 3%), diazepam (11,406, 2%), lorazepam (10,692, 2%), and triazolam (560, 0.1%) remained stable from 1998 to 1999 (Table 2). Since 1992, mentions of clonazepam have increased 102 percent, and mentions of triazolam have decreased 66 percent.
- Between 1998 and 1999, a 61-percent decrease was noted for thioridazine mentions, which represents an 83-percent decrease since 1992 (Table 2). Mentions of

haloperidol and phenobarbital decreased 44 and 41 percent respectively between 1998 and 1999. Mentions of carisoprodol increased 44 percent from 1997 to 1999.

ANNUAL TRENDS IN SELECTED METROPOLITAN AREAS

This section presents findings for the 21 selected metropolitan areas oversampled in DAWN. Readers should note that small changes in the estimates for Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences because all eligible hospitals are included in the sample for those cities. Tables 3 through 16 contain the metropolitan area estimates and estimates for the National Panel, which represents hospitals outside those areas.[3]

- Among the 21 metropolitan areas oversampled in DAWN, 3 had significant increases in drug-related ED episodes from 1998 to 1999: Los Angeles (21%, from 17,103 to 20,678), Denver (18%, from 4,091 to 4,816), and Phoenix (17%, from 7,060 to 8,293) (Table 4). Drug-related ED episodes decreased in 4 metropolitan areas: New York (15%, from 36,142 to 30,662), Boston (15%, from 13,657 to 11,669), New Orleans (12%, from 5,091 to 4,459), and Washington, DC (11%, from 11,596 to 10,282).

COCAINE

- From 1998 to 1999, cocaine mentions increased significantly in 2 of the 21 metropolitan areas in DAWN: Phoenix (27%, from 1,486 to 1,882) and Denver (20%, from 1,154 to 1,382) (Table 8).
- From 1998 to 1999, decreases in cocaine mentions were observed in 6 of the 21 metropolitan areas covered in DAWN: New York (24%, from 19,549 to 14,799), Boston (21%, from 4,526 to 3,560), Dallas (19%, from 2,586 to 2,107), Newark (17%, from 3,743 to 3,124), Washington, DC (15%, from 3,718 to 3,150), and New Orleans (11%, from 2,396 to 2,140) (Table 8).

HEROIN/MORPHINE

- Five of the 21 metropolitan areas had increases in heroin/morphine mentions between 1998 and 1999. They were: St. Louis (36%, from 644 to 876), San Francisco (29%, from 2,386 to 3,074), Denver (28%, from 509 to 651), New Orleans (24%, from 534 to 664), and Miami (19%, from 772 to 921) (Table 10).
- Between 1998 and 1999, heroin/morphine mentions decreased only in Washington, DC (15%, from 2,112 to 1,794) (Table 10).

OTHER ILLICIT DRUGS

- Three of the 21 metropolitan areas in DAWN experienced significant increases in marijuana/hashish mentions between 1998 and 1999: Phoenix (42%, from 726 to 1,028), Minneapolis (28%, from 491 to 627), and Baltimore (12%, from 1,495 to 1,679) (Table 12). Marijuana/hashish mentions decreased in Boston (33%, from 2,907 to 1,961), San Diego (18%, from 1,127 to 923), and New Orleans (13%, from 1,196 to 1,044).

[3] We have noted a tendency to equate the National Panel with rural areas, when in fact the National Panel is a sample of EDs from all areas—urban, suburban, and rural—outside of DAWN's 21 metropolitan areas.

- Looking across the 21 DAWN metropolitan areas, the vast majority (80%) of estimated ED mentions of methamphetamine/speed in 1999 came from 5 cities in the western United States: Los Angeles (910 mentions), San Diego (584), San Francisco (554), Seattle (353), and Phoenix (341) (Table 14).
- Among the metropolitan areas with at least 100 mentions of methamphetamine/speed in 1998 or 1999, significant increases from 1998 to 1999 were evident for St. Louis (58%, from 66 to 104) and Seattle (33%, from 266 to 353). Mentions of methamphetamine/speed decreased during this time period in Atlanta (49%, from 162 to 83), Dallas (46%, from 186 to 100), Phoenix (24%, from 446 to 341), and San Diego (19%, from 721 to 584) (Table 14).

ESTIMATED RATES OF EMERGENCY DEPARTMENT EPISODES AND MENTIONS

This chapter presents population-based rates for total drug-related ED episodes and mentions for selected drugs based on data presented in Tables 29 through 56. Data on drug mention rates supplement data on total numbers of drug episodes. By considering the number of drug mentions and episodes relative to the size of the general population, the rate data standardizes the drug mention and episode data and allows drug mention frequencies to be compared among selected drugs, metropolitan areas, gender and age groups.

As with all DAWN estimates, readers should remember that the same patient may be involved in multiple drug-related episodes within a given time period. Therefore, the estimates presented in this report pertain to total ED episodes, not to the number of different patients involved in these episodes. In this context, rates should be regarded not as prevalence rates but as indicators of the number of ED drug abuse episodes or mentions per 100,000 population. Population information is taken from the Census (see Appendix C).

In 1999, ED visits involving drug mentions occurred at the rate of 228 ED episodes per 100,000 total population in the coterminous U.S. (Table 30).

In 1999, the 5 cities included in DAWN with the lowest rates of drug-related ED episodes per 100,000 population were Minneapolis (194), Los Angeles (242), Dallas (254), St. Louis (264), and Washington, DC (266) (Table 32). The 1999 rate for the National Panel was 178 per 100,000 population (Table 32).

During 1999, the highest rates of ED drug episodes and mentions per 100,000 population occurred for:

- Alcohol-in-combination (81), cocaine (69), marijuana/hashish (36), and heroin/ morphine (35) (Table 30);
- All drug episodes in Baltimore (605), San Francisco (555), Philadelphia (510), Newark (457), Chicago (440), Seattle (434), and Phoenix (402) (Table 32);
- Cocaine in Baltimore (296), Philadelphia (260), Chicago (225), and Miami (210) (Table 36);
- Heroin/morphine in Baltimore (299), Newark (260), San Francisco (191), Chicago (164), Seattle (128), and New York (110) (Table 38);
- Marijuana/hashish in Philadelphia (114), Detroit (95), Atlanta (91), New Orleans (86), and Chicago (77) (Table 40);
- Methamphetamine/speed in the western United States: San Francisco (34), San Diego (24), Seattle (18), Phoenix (17), and Los Angeles (11) (Table 42);
- Males for total drug abuse episodes (249, Table 46) and mentions of cocaine (93, Table 50), heroin/morphine (48, Table 52), marijuana/hashish (49, Table 54), and methamphetamine/speed (5, Table 56);

- Adults age 26 to 34 for total ED episodes (393, Table 46) and mentions of cocaine (162, Table 50) and heroin/morphine (61, Table 52); and

- Young adults age 18 to 25 for marijuana/hashish (97, Table 54) and methamphetamine/speed (12, Table 56).

DISCUSSION OF RESULTS

This report presents final estimates from the DAWN ED component for 1999. The previous sections of this report discuss trends for particular drugs, metropolitan areas, and population-based rates of drug-related ED visits. The purpose of this section is to highlight issues that cut across the topics discussed previously and to discuss the possible implications of those findings.

OVERVIEW

DAWN estimates presented for the first time in this report were relatively unremarkable, revealing few changes between 1998 and 1999. The total number of drug-related ED episodes was relatively stable from 1998 through 1999, continuing a pattern of stability that began in 1994 (Figure 1). ED mentions of the major illicit drugs—cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed—were statistically unchanged from 1998 to 1999. Similarly, mentions of most prescription and over-the-counter drugs reported to DAWN remained stable between 1998 and 1999.

These findings differ slightly from those reported in preliminary estimates for the first half of 1999 (OAS, 2000a). In particular, mid-year comparisons of the first half of 1998 and the first half of 1999 showed a significant decrease in total drug episodes (but no significant change in total mentions). This decrease in total episodes is not present in the final full-year comparisons. As noted in the mid-year DAWN report, seasonal distortions and incomplete reporting can result in preliminary estimates that are not sustained when the completed year's data are available.

INCREASES IN MARIJUANA/HASHISH MENTIONS

Compared with total episodes and mentions of the other major illicit drugs, mentions of marijuana/hashish increased considerably (455%) from 1990 to 1999 (Figure 11). The increase in ED admissions related to marijuana/hashish may be attributable to multiple factors, including increased potency and changes in abuse patterns.[4]

The potency of marijuana, based on its concentration of tetrahydrocannabinol (THC), has increased in recent years. The Drug Enforcement Administration's Office of Domestic Intelligence (May 2000) reports that the THC concentration in "commercial" marijuana purchased on the street rose 89 percent (from 3.7% to 7.0%) from 1990 to 1999. The concentration in "sinsemilla" (literally "seedless"), the more potent tops of the female marijuana plants, rose 36 percent (from 10.1% to 13.7%) from 1990 to 1999.

DAWN data from 1990 and 1999 show that marijuana/hashish is more likely than the other major illicit drugs to be used in combination with other drugs (Figure 12). The lead in combination mentions of marijuana/hashish was sustained in 1999, although the proportion of marijuana/hashish mentions that involved more than one drug decreased 5 percentage points (from 83% to 78%) from 1990 to 1999. Over this period, total ED episodes involving more than one drug increased 8 percentage points (from 49% to 57%), and cocaine mentions involving more than one drug increased 13 percentage points (from 58% to 71%).

[4] Although DAWN reports combine marijuana with hashish, hashish mentions make up only a small portion of marijuana/hashish mentions (approximately 0.3% in both 1990 and 1999).

DAWN data do not distinguish the drug responsible for the ED visit from others used concomitantly. If multiple-drug ED episodes tend to be "caused" by the drug used in combination with marijuana/hashish, then some of the increase in marijuana/hashish episodes may be the result of increases in the other drugs that were used in combination with it. Examination of these other drugs mentioned frequently in combination with marijuana/hashish, as well as their change in ED mentions from 1990 to 1999, may give clues as to how the marijuana/hashish mentions have risen so dramatically over the decade.

Table I shows the substances most commonly reported in combination with marijuana in 1990 and 1999 and the percent change in these combination mentions from 1990 to 1999. Only substances with at least 100 mentions for the index year are shown. As a point of reference, it is useful to remember that total drug-related ED episodes and mentions increased by only 49 and 60 percent, respectively, from 1990 to 1999. With the exception of phenobarbital, which decreased, all of the drug combinations shown in Table I increased from 1990 to 1999, and most increased substantially more than the average.

Many of the drugs used most frequently in combination with marijuana/hashish were the same in 1990 and 1999. In both 1990 and 1999, alcohol and cocaine were the substances most frequently reported in combination with marijuana/hashish, and heroin/morphine ranked fifth. In both years, the top 9 drugs also included unspecified benzodiazepine, amphetamine, LSD, methamphetamine/speed, and PCP/PCP combinations.[5] Of these, mentions of unspecified benzodiazepine increased 29-fold from 1990 to 1999.

Table II displays these same drugs used in combination with marijuana/hashish, ranked by their percent change from 1990 to 1999. Among the 16 drugs that increased more than 10-fold over the past decade (Table II) are a number of drugs with documented negative health consequences. These include: narcotic analgesics (hydrocodone, d-Propoxyphene, oxycodone, opium, and hydromorphone); CNS stimulants (methylenedioxymethamphetamine [MDMA, Ecstasy], methylphenidate); skeletal muscle relaxants (carisoprodol, cyclobenzaprine); antiadrenergic agents (clonidine HCL); sedatives (unspecified benzodiazepine, alprazolam); hallucinogens (mushrooms [psilocybin]); antidepressants (trazodone); and anticonvulsants (unspecified benzodiazepine, carbamazepine).

These tables speak to DAWN's utility in tracking changing patterns in drug mentions over the past decade as they manifest in visits to EDs. Other factors may also contribute to the increase in marijuana/hashish mentions (CEWG, 1999). Marijuana is relatively inexpensive and available. Law enforcement officials have concentrated their efforts on drugs other than marijuana. Marijuana is believed to be safer than many other drugs. And finally, the use of larger quantities of marijuana, smoked in blunts, has become popular.

TRENDS AMONG TEENAGE PATIENTS

Prevention of drug abuse among youth is one of the strategic goals of The National Drug Control Strategy (ONDCP, 1998). While DAWN cannot directly measure the prevalence of drug abuse or the effectiveness of prevention programs, ED data from DAWN do provide a snapshot of some particular consequences—drug-related ED visits—associated with drug abuse by this age group.

[5] Combinations involving marijuana/hashish and non-grouped drugs ranked fourth and third in 1990 and 1999, respectively, and increased almost 13 times from 1990 to 1999. An effort to classify these drugs is underway.

Comparison of 1998 and 1999 data for youth age 12 to 17 reveals decreases in total drug-related ED episodes (11%) and relative stability among mentions of cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed for patients in this age group. Looking at the 2-year trends from 1997 to 1999, total drug episodes decreased 14 percent and mentions of methamphetamine/speed decreased 55 percent.

ED patients age 12 to 17, who accounted for 10 percent of total drug-related ED episodes during 1999, were involved in 15 percent of marijuana/hashish ED mentions estimated from DAWN. Although youth age 12 to 17 are found in lower than average numbers for methamphetamine/speed (8% of mentions during 1999), cocaine (2%), and heroin/morphine (1%), the long-term trends for these drugs have been upward (Figures 11 and 13).

Figure 11 shows the long-term growth in total ED episodes and mentions of the major illicit drugs for all ages and for patients age 12 to 17. From 1990 to 1999, the increase in episodes for patients age 12 to 17 surpassed the growth in episodes for all age groups for heroin/ morphine (277% for youth vs. 149% overall). The increase in marijuana/hashish mentions among youth age 12 to 17 was similar to that for all ages (487% vs. 455%, respectively). In contrast, episodes for patients age 12 to 17 increased less than episodes for all ages for cocaine (73% vs. 110%, respectively) and methamphetamine/speed (13% vs. 100%).

From 1990 to 1999, the proportion of marijuana/hashish episodes involving more than one drug decreased 20 percentage points from 78% in 1990 to 58% in 1999 among those age 12 to 17. The top 3 drugs reported in combination with marijuana/hashish among those age 12 to 17 match those for all ages combined (Table III).

TRENDS AMONG OLDER PATIENTS

The largest age group tracked by DAWN is adults age 35 and over, who constituted 47 percent of drug-related ED episodes during 1999. Figure 14 illustrates the long-term trends for these major drugs of abuse for adults age 35 and older. Between 1998 and 1999, estimates for patients in this age group remained stable for total drug-related episodes and mentions of cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed. However, from 1997 to 1999, DAWN estimates for this age group show substantial increases in total drug-related ED episodes (19%) and in ED mentions of marijuana/hashish (49%) and heroin/ morphine (21%). In 1995, ED mentions of cocaine for the 35 and over age group surpassed those for the 26 to 34 age group, and the difference in cocaine mentions has widened in subsequent years for these 2 age groups (Figure 3). Similarly, the number of marijuana/hashish ED mentions among individuals age 35 and over exceeded that of patients age 26 to 34 for the first time in 1997 (Figure 7).

Figure 11 shows the growth, from 1990 to 1999, in total ED episodes and mentions of the major illicit drugs overall and for patients age 35 and older. In all cases, the increase in episodes among patients age 35 and older surpassed those for all ages combined. The difference is particularly striking for marijuana (1,078% vs. 455% for all ages), but also evident for cocaine (272% vs. 110%), methamphetamine/speed (240% vs. 100%), heroin/morphine (204% vs. 149%), and total episodes (124% vs. 49%).

Examination of Table IV helps us understand some of the patterns of marijuana/hashish episodes among those age 35 and over. Table IV presents those mentions of drugs reported in combination with marijuana/hashish with at least 100 mentions in 1999, with patients age 35

and over broken into smaller age groups. With few exceptions, the majority of mentions occurred among younger patients: those age 35 to 44 followed by those age 45 to 54 and finally those age 55 and over. This pattern occurred for all cases in 1990 and was only different for 3 combinations in 1999: patients age 55 and over ranked second (vs. third) for the narcotic analgesics, hydrocodone and d-Propoxyphene, and those age 45 to 54 ranked first (vs. second) for combinations involving LSD.

The ranking of the top 6 drugs used in combination with marijuana/hashish among those age 35 and over are similar to those for all patients in 1999. Differences emerge beginning with the seventh most commonly mentioned drug combination with marijuana/hashish.

Changes in the numbers of ED episodes for drug-related conditions may be useful, for example, for directing health care resources or diversion activities. However, if increases in drug mentions are due to changes in the size of the underlying population, then looking solely at changes in episode or mention numbers may leave a skewed perspective. Census estimates (Census Bureau, 2000) show that the population age 35 and over grew 20 percent from 1990 to 1999, whereas the population younger than 35 remained essentially stable. Given these differences in population size and growth, the rates of ED episodes can be a useful metric for comparison across age groups.

DAWN data show that, for patients age 35 and over, the rates per 100,000 population of cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed ED mentions and total ED episodes were consistently lower than the rates for patients age 26 to 34 or 18 to 25. For example, the rate of cocaine ED mentions in 1999 for those age 35 and over was 64 per 100,000, compared with 162 for age 26 to 34 and 90 for age 18 to 25. However, these rates for patients age 35 and over increased dramatically (from 157% to 850%) between 1990 and 1999, and such growth exceeded that for the 2 younger age groups with one exception. The exception is the rate of heroin/morphine mentions, which increased 157 percent for patients age 35 and over, less than the 238 percent increase for patients 18 to 25. Clearly, population-adjusted rates of ED drug-related episodes reveal a dynamic that varies across age groups and differs from that found by looking solely at mentions. The growth in ED episodes for those age 35 and over bears watching in the future, especially as the population continues to age.

TRENDS BY GENDER

The DAWN data tabulated in this report also showed variations in drug-related ED episodes across genders. Males and females occur in approximately equal numbers in the population at large, and DAWN estimates show that males outnumber females only slightly in total drug-related ED episodes. However, ED mentions for illicit drugs are much higher among males than among females (Table 18). For cocaine, heroin/morphine, and marijuana/hashish mentions, males appear in a 2 to 1 ratio to females (Tables 22, 24, and 26). The male to female ratio drops to 1.4 to 1 for methamphetamine/speed mentions (Table 28).

This suggests some gender inequality in illicit drug use that manifests in visits to EDs, and this should be good news for females. However, trend data paint a more alarming picture. Although males consistently outnumber females in illicit drug mentions, their long-term patterns of growth are similar. From 1990 to 1999, mentions of cocaine and heroin/morphine more than doubled for both genders. ED mentions of marijuana/hashish in 1999 were 5 and 6 times their 1990 levels for males and females, respectively (Figure 15). Finally, the fact that the male to female ratio drops to 1.1 to 1 for total drug-related episodes, which include prescription and

over-the-counter drugs, suggests more prescription and over-the-counter abuse among females, based on their more numerous mentions in ED visits.

METROPOLITAN AREAS IN DAWN

Findings from DAWN show significant variability in total drug-related ED episodes between 1998 and 1999 across the 21 metropolitan areas. Although total episodes for the Nation were stable, significant increases were found in Los Angeles (21%), Denver (18%), and Phoenix (17%). Drug-related ED episodes decreased in New York (15%), Boston (15%), New Orleans (12%), and Washington, DC (11%). Again, some of these findings differ from those reported as preliminary findings in the mid-year 1999 DAWN ED report.

With the exception of alcohol-in-combination, cocaine remains the single drug with the most ED mentions. While cocaine mentions for the Nation remained stable from 1998 to 1999, cocaine mentions increased in Phoenix (27%) and Denver (20%). Cocaine mentions decreased in New York (24%), Boston (21%), Dallas (19%), Newark (17%), Washington, DC (15%), and New Orleans (11%). Heroin/morphine mentions, which were also stable for the Nation, increased in St. Louis (36%), San Francisco (29%), Denver (28%), New Orleans (24%), and Miami (19%), and decreased only in Washington, DC (15%).

In addition, we can survey findings for individual metropolitan areas across multiple drugs for the period covered by this report. Considering the 4 major illicit drugs of abuse – cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed – no metropolitan area had significant increases involving all 4 drugs or 3 of these drugs between 1998 and 1999. Between 1998 and 1999, 2 metropolitan areas had increases in 2 drugs: methamphetamine/speed (58%) and heroin/morphine (36%) in St. Louis and heroin/morphine (28%) and cocaine (20%) in Denver. Several metropolitan areas had increases in one of the major illicit drugs: methamphetamine/speed in Seattle (33%); heroin/morphine in San Francisco (29%) and Miami (19%); and marijuana/hashish in Minneapolis (28%) and Baltimore (12%).

Four of the 21 metropolitan areas oversampled by DAWN posted decreases in 2 drugs: methamphetamine/speed and cocaine in Dallas (46% and 19%, respectively); marijuana/hashish and cocaine in Boston (33% and 21%, respectively); methamphetamine/speed and marijuana/hashish in San Diego (19% and 18%, respectively); and cocaine and heroin/morphine in Washington, DC (15% each). Two metropolitan areas exhibited decreases in a single drug, cocaine, in New York (24%) and Newark (17%).

Experience in 2 metropolitan areas was mixed. In New Orleans, mentions of marijuana/hashish and cocaine decreased (13% and 11%, respectively), but heroin/morphine increased 24 percent. In Phoenix, mentions of marijuana/hashish and cocaine increased (42% and 27%, respectively), and methamphetamine/speed decreased 24 percent.

With the 21 metropolitan areas in DAWN ranging in population from 1 million to 8 million, another perspective can emerge when the rates of drug-related ED visits relative to the size of the population are considered. In 1999, Baltimore continued to have the highest rates of ED episodes involving cocaine and heroin/morphine. This has been the case through much of the 1990s (since 1992 for cocaine and 1994 for heroin/morphine). Philadelphia ranked second in the rate of cocaine episodes in 1999, followed by Chicago and Miami. Newark had the second highest rate of ED episodes involving heroin/morphine, followed by San Francisco and Chicago. San Francisco continued to have the highest rate of ED visits involving methamphetamine/speed, although the rate has dropped by almost 60 percent since its peak in 1994. San Diego

and Phoenix followed San Francisco in the rate of methamphetamine/speed episodes, and their rates have also declined substantially (60% and 40%, respectively) since 1994. In 1999, rates of ED episodes involving marijuana/hashish in 1999 were highest in Philadelphia, Detroit, Atlanta, and New Orleans.

Notably, Minneapolis ranked last among the 21 metropolitan areas in its rates of cocaine, heroin/morphine, and marijuana/hashish mentions.

CONCLUSION

It is important to remember that DAWN data show only one dimension of the total consequences of drug use, specifically the impact of drug use that manifests in visits to hospital EDs. DAWN does not measure the prevalence of drug use in the population, the untreated health consequences of drug use, or the impact of drug use on health care settings other than hospital EDs. For example, the National Household Survey on Drug Abuse (NHSDA) (OAS, 1999a) found that marijuana/hashish use among youth age 12 to 17 was unchanged from 1997 to 1998. Similarly, DAWN estimates for patients age 12 to 17 revealed that drug-related ED visits involving marijuana/hashish were stable from 1997 to 1998 (OAS, 1999b). However, these surveys measure 2 different aspects of the drug problem in the United States. The NHSDA measures prevalence of drug use based on a national survey of households; DAWN does not.

Many factors can influence the estimates of ED visits, including trends in ED usage in general. Comparing 1998 and 1999, the period covered by this report, the number of drug-related ED visits remained stable while ED visits (drug-related and all other) increased by 1.6 percent (Table 2). Drug users may have visited EDs for a variety of reasons, only some of which may have been life threatening. Others may have sought care at the ED for detoxification, because they needed medical certification before entering treatment. Some drug-related episodes reflect the same patients making repeated ED visits, but this cannot be measured with DAWN. The DAWN data may also reflect changes in hospital services or operations. For example, a hospital that opens a new detoxification unit may experience an increase in drug-related ED visits; a change in computer systems may result in systematic changes in drug-episode identification.

The 1990s saw dramatic growth in managed care, which also may have influenced whether drug users present to EDs for treatment. However, it seems likely that 3 factors must converge for drug users to be lost to DAWN due to managed care influences on health care delivery. First, managed care must systematically direct patients away from hospitals and into alternate, lower-cost sites of care. This has been hypothesized but not proven. A recent article by Reschovsky, Kemper, and Tu (2000) suggests that managed care may not be having the expected impact on ED use. Reschovsky *et al.* found that the type of health insurance had no statistically discernable effect on the use of EDs. Unfortunately, the extent to which these results might hold true for drug users is still unknown. Second, drug users must be insured under these managed care arrangements in substantial numbers. Few data are available to characterize the types of insurance held by drug users that present to EDs. Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) suggests that ED patients presenting with alcohol- or drug-related conditions (defined more broadly than DAWN case criteria) are substantially more likely to be uninsured than the average ED patient (OAS, 2000b). Third, the drug users must be seeking care for non-emergent conditions for diversion to other settings to be likely. There seems to be a consensus that medical emergencies continue to go to EDs, regardless of insurance arrangements. Considering all of these factors, it is clear only

that we cannot currently estimate the number of drug abuse cases now outside of DAWN's scope that might otherwise have presented to EDs.

Changes in the number of drug-related emergencies may also be due to changes in the use of drug combinations; patterns of drug use, such as route of administration; amount of drug used per administration; drug purity; or drug price. For example, a decrease in the purity of cocaine or heroin/morphine could result in fewer users experiencing unexpected reactions and overdoses.

Estimates of drug-related ED episodes could increase or decrease over time for reasons unrelated to the size of the drug using population, such as factors that affect reporting patterns. For example, some possible factors are:

- Greater awareness of these problems by hospital staff who therefore report drug use more carefully on medical charts,
- Changing patterns of use of EDs by drug users,
- Different ED usage patterns by population subgroups, and
- Other data collection or sample composition changes (see Appendix B).

Appendix B includes a detailed account of known procedural anomalies. Analysis of procedural factors that might contribute to spurious results suggests that procedural factors are unlikely to account for the differences reported here.

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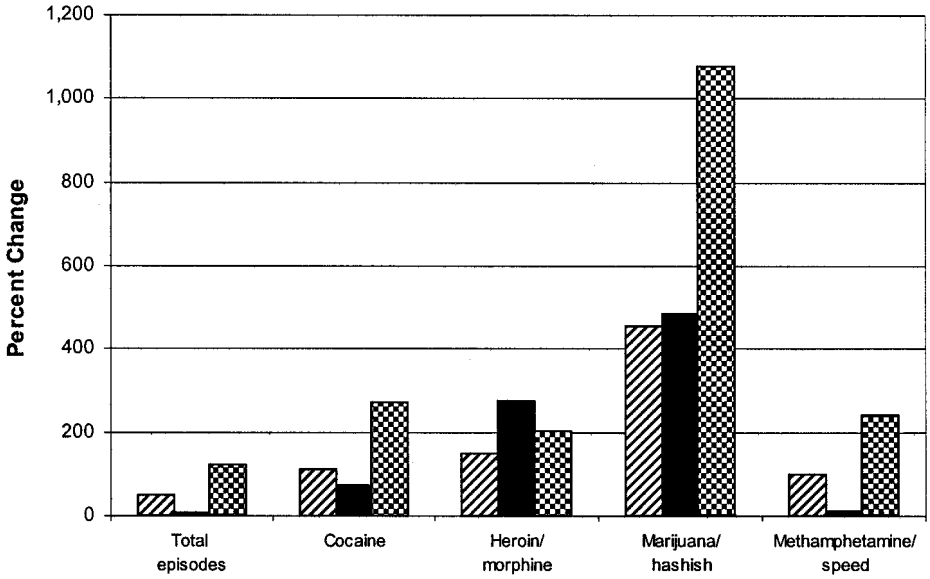
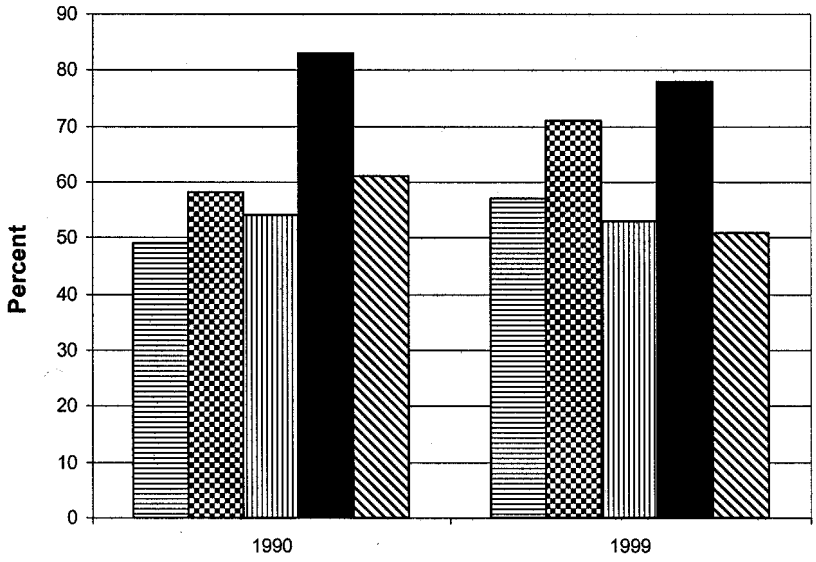
Figure 11
Growth in drug-related episodes overall and for those age 12 to 17 and 35 and over: 1990-1999



	All ages	12-17	35+
Total episodes	49	7	124
Cocaine	110	73	272
Heroin/morphine	149	277	204
Marijuana/hashish	455	487	1,078
Methamphetamine/speed	100	13	240

Figure 12
Percent of episodes involving drug combinations overall and by selected drugs: 1990 and 1999



	1990	1999
Total episodes	49	57
Cocaine	58	71
Heroin/morphine	54	53
Marijuana/hashish	83	78
Methamphetamine/speed	61	51

Table I - Drug groups most commonly mentioned in combination with marijuana/hashish (with at least 100 mentions): 1990 and 1999

1990				1999			
	Mentions 1990	Mentions 1999	Percent change[1] 1990-1999		Mentions 1990	Mentions 1999	Percent change[1] 1990-1999
Alcohol-in-combination	8,796	38,015	332	Alcohol-in-combination	8,796	38,015	332
Cocaine	5,979	30,693	413	Cocaine	5,979	30,693	413
LSD	739	2,009	172	Non-grouped drug	736	10,255	1,293
Non-grouped drug	736	10,255	1,293	Unspecified benzodiazepine	246	7,143	2,803
Heroin/morphine	695	5,926	753	Heroin/morphine	695	5,926	753
PCP/PCP combinations	658	1,640	149	Amphetamine	559	3,328	495
Methamphetamine/speed	624	1,685	170	LSD	739	2,009	172
Amphetamine	559	3,328	495	Methamphetamine/speed	624	1,685	170
Unspecified benzodiazepine	246	7,143	2,803	PCP/PCP combinations	658	1,640	149
Diazepam	194	1,051	443	Alprazolam	86	1,320	1,427
Phenobarbital	137	57	-58	Acetaminophen	131	1,081	726
Lorazepam	134	403	201	Diazepam	194	1,051	443
Diphenhydramine	134	162	21	Hydrocodone	8	840	10,753
Acetaminophen	131	1,081	726	MDMA (Ecstasy)	8	796	9,702
Methadone	117	192	64	d-Propoxyphene	9	653	6,812
Amitriptyline	117	258	121	Carisoprodol	8	619	7,297
				Aspirin	94	560	494
				Oxycodone	12	435	3,573
				Clonazepam	78	407	421
				Lorazepam	134	403	201
				Mushrooms (Psilocybin)	23	390	1,565
				Ibuprofen	76	390	410
				Valproic acid		320	
				Amitriptyline	117	258	121
				Cyclobenzaprine	9	225	2,339
				Hydromorphone	12	212	1,694
				Trazodone	15	205	1,286
				OTC sleep aids	61	205	238
				Methadone	117	192	64
				Methylphenidate	5	185	3,512
				Diphenhydramine	134	162	21
				Fluoxetine	16	155	843
				Codeine	70	125	78
				Clonidine HCl	2	117	5,739
				Phenaglycodol		114	
				Carbamazepine	9	112	1,166
				Lithium carbonate	72	112	56
				Opium	4	109	2,340
				Hydrocortisone		102	

[1] Blank spaces indicate the number of mentions for 1990 was zero.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table II - Drug groups mentioned in combination with marijuana/hashish (with at least 100 mentions in 1999) that showed the greatest change from 1990 to 1999

COMBINED WITH MARIJUANA/HASHISH

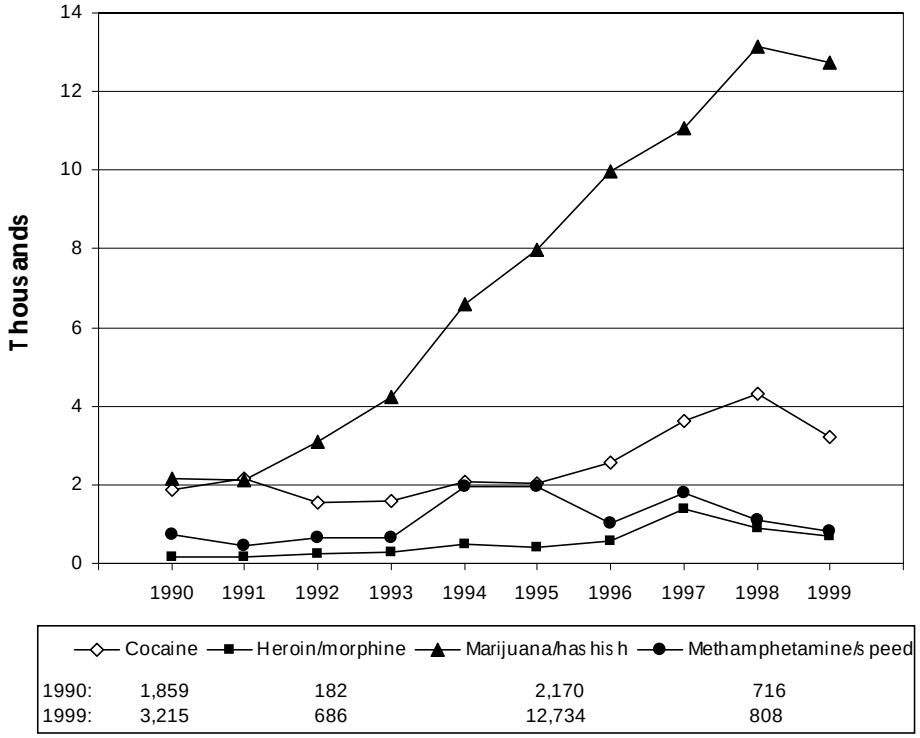
	Mentions 1990	Mentions 1999	Percent change[1] 1990-1999
Hydrocodone	8	840	10,753
MDMA (Ecstasy)	8	796	9,702
Carisoprodol	8	619	7,297
d-Propoxyphene	9	653	6,812
Clonidine HCl	2	117	5,739
Oxycodone	12	435	3,573
Methylphenidate	5	185	3,512
Unspecified benzodiazepine	246	7,143	2,803
Opium	4	109	2,340
Cyclobenzaprine	9	225	2,339
Hydromorphone	12	212	1,694
Mushrooms (Psilocybin)	23	390	1,565
Alprazolam	86	1,320	1,427
Non-grouped drug	736	10,255	1,293
Trazodone	15	205	1,286
Carbamazepine	9	112	1,166
Fluoxetine	16	155	843
Heroin/morphine	695	5,926	753
Acetaminophen	131	1,081	726
Amphetamine	559	3,328	495
Aspirin	94	560	494
Diazepam	194	1,051	443
Clonazepam	78	407	421
Cocaine	5,979	30,693	413
Ibuprofen	76	390	410
Alcohol-in-combination	8,796	38,015	332
OTC sleep aids	61	205	238
Lorazepam	134	403	201
LSD	739	2,009	172
Methamphetamine/speed	624	1,685	170
PCP/PCP combinations	658	1,640	149
Amitriptyline	117	258	121
Hydrocortisone		102	
Phenaglycodol		114	
Valproic acid		320	

[1] Blank spaces indicate the number of mentions for 1990 was zero.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

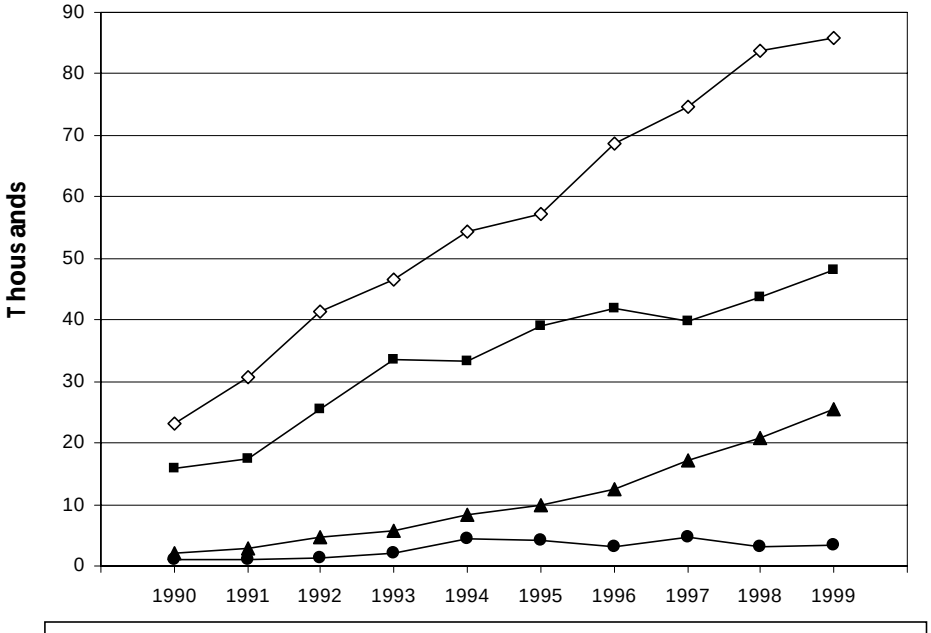
SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Figure 13
Number of illicit drug-related episodes age 12 to 17:
1990 through 1999



1990:	1,859	182	2,170	716
1999:	3,215	686	12,734	808

Figure 14
Number of illicit drug-related episodes age 35 and older:
1990 through 1999



1990:	23,054	15,850	2,160	975
1999:	85,871	48,104	25,453	3,316

Table III - Drug groups mentioned in combination with marijuana/hashish (with at least 100 mentions in 1999) sorted by 1999 mentions and percent change: Age 12 to 17

TOTAL MENTIONS IN 1999

	Mentions 1990	Mentions 1999	Percent change[1] 1990-1999
Alcohol-in-combination	1,027	3,694	260
Cocaine	346	1,819	426
Non-grouped drug	182	991	446
Amphetamine	70	650	830
LSD	311	641	106
Unspecified benzodiazepine	12	363	2,848
Acetaminophen	15	251	1,596
Methamphetamine/speed	178	229	28
Heroin/morphine	13	194	1,365
Mushrooms (Psilocybin)	3	187	5,375
PCP/PCP combinations	71	163	129
Alprazolam		153	
Ibuprofen	59	130	120
Diazepam	9	125	1,223

PERCENT CHANGE FROM 1990 TO 1999

Mushrooms (Psilocybin)	3	187	5,375
Unspecified benzodiazepine	12	363	2,848
Acetaminophen	15	251	1,596
Heroin/morphine	13	194	1,365
Diazepam	9	125	1,223
Amphetamine	70	650	830
Non-grouped drug	182	991	446
Cocaine	346	1,819	426
Alcohol-in-combination	1,027	3,694	260
PCP/PCP combinations	71	163	129
Ibuprofen	59	130	120
LSD	311	641	106
Methamphetamine/speed	178	229	28
Alprazolam		153	

[1] Blank spaces indicate the number of mentions for 1990 was zero.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table IV - Drug groups mentioned in combination with marijuana/hashish (with at least 100 mentions in 1999) sorted by 1999 mentions and percent change: Age 35 and over

BY TOTAL MENTIONS IN 1999

	Mentions 1990				Mentions 1999				Percent change[1]
	35-44	45-54	55+	Total 35+	35-44	45-54	55+	Total 35+	1990-1999
Alcohol-in-combination	1,021	195	36	1,251	9,695	2,961	534	13,190	954
Cocaine	775	152	19	945	8,731	2,149	317	11,197	1,084
Non-grouped drug	97	16	3	116	2,601	733	49	3,384	2,812
Unspecified benzodiazepine	36	3	1	40	2,002	663	29	2,694	6,552
Heroin/morphine	129	9	7	146	1,466	590	118	2,173	1,392
Amphetamine	90	3		93	589	176	7	771	733
PCP/PCP combinations	85	8		93	319	94	9	422	352
Alprazolam	63			63	173	139	48	360	470
Diazepam	25	3	4	32	299	44	5	347	1,002
Hydrocodone	1	1		2	172	17	123	312	13,304
Methamphetamine/speed	29	3	2	34	196	62	41	299	772
Clonazepam	5			5	211	6	1	218	4,702
d-Propoxyphene					130	2	61	193	
Oxycodone		1		1	174	3		177	14,930
Carisoprodol	3			3	143	15		158	6,000
Acetaminophen	11	2		12	79	72	3	155	1,164
Aspirin	5			5	120	8		127	2,236
Hydromorphone	1			1	107	3		111	8,001
LSD	32		1	33	37	63	1	101	207

BY PERCENT CHANGE FROM 1990 TO 1999

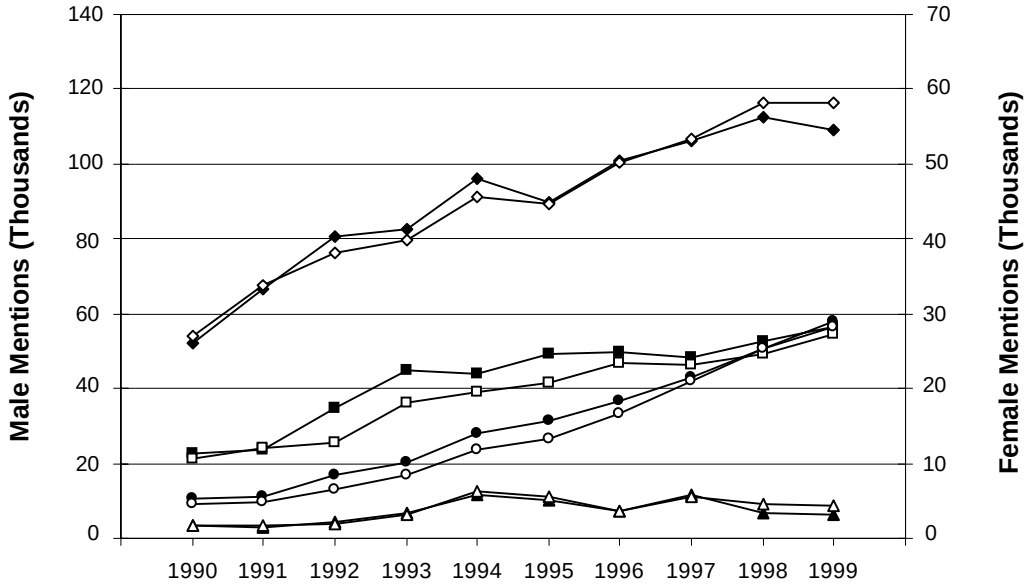
Oxycodone		1		1	174	3		177	14,930
Hydrocodone	1	1		2	172	17	123	312	13,304
Hydromorphone	1			1	107	3		111	8,001
Unspecified benzodiazepine	36	3	1	40	2,002	663	29	2,694	6,552
Carisoprodol	3			3	143	15		158	6,000
Clonazepam	5			5	211	6	1	218	4,702
Non-grouped drug	97	16	3	116	2,601	733	49	3,384	2,812
Aspirin	5			5	120	8		127	2,236
Heroin/morphine	129	9	7	146	1,466	590	118	2,173	1,392
Acetaminophen	11	2		12	79	72	3	155	1,164
Cocaine	775	152	19	945	8,731	2,149	317	11,197	1,084
Diazepam	25	3	4	32	299	44	5	347	1,002
Alcohol-in-combination	1,021	195	36	1,251	9,695	2,961	534	13,190	954
Methamphetamine/speed	29	3	2	34	196	62	41	299	772
Amphetamine	90	3		93	589	176	7	771	733
Alprazolam	63			63	173	139	48	360	470
PCP/PCP combinations	85	8		93	319	94	9	422	352
LSD	32		1	33	37	63	1	101	207

[1] Blank spaces indicate the number of mentions for 1990 or 1999 was zero.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Figure 15
Number of illicit drug-related episodes by selected drugs by gender: 1990 through 1999



Male:	Cocaine	Heroin/morphine	Marijuana/hashish	Methamphetamine/speed
1990:	52,213	22,867	10,833	3,486
1999:	109,280	56,624	58,059	6,054
Female:	Cocaine	Heroin/morphine	Marijuana/hashish	Methamphetamine/speed
1990:	27,150	10,691	4,686	1,736
1999:	58,256	27,157	28,274	4,312

APPENDIX A: DETAILED DESCRIPTION OF DAWN

I. SAMPLE DESIGN

The Drug Abuse Warning Network (DAWN) is a voluntary, national data collection system that gathers information on substance abuse that manifests in visits to hospital emergency departments (EDs) in the coterminous U.S. Currently, DAWN provides semiannual and annual estimates of the number of drug-related visits to hospital EDs from a nationally representative sample of hospitals located throughout the coterminous U.S. The DAWN system is managed by the Office of Applied Studies (OAS), a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (DHHS).

Several changes have been made to the sample design since DAWN began in 1972 under the Drug Enforcement Administration (DEA). In the early 1970s, the DAWN sample consisted of a random sample of hospital EDs. Over time, however, a number of facilities were lost from the original sample because of closures, mergers, attrition, or voluntary termination. New hospitals were recruited to participate, but no sample maintenance plan was devised for selecting new hospitals to sustain the randomness of the sample. As a result, attrition and nonrandom replacement led to a sample that was no longer representative of all hospital EDs in the coterminous U.S.

When the National Institute on Drug Abuse (NIDA) assumed responsibility for DAWN in 1980, one of the agency's goals was to implement a new sample that could be used to produce estimates for the Nation as a whole and for the separate DAWN metropolitan areas. Once a design was determined and the units were selected, the sample required the recruitment of 300 new hospitals. The cost of the project delayed its initiation until early 1986.

Hospitals eligible for DAWN are non-Federal, short-stay general surgical and medical hospitals in the coterminous U.S. that have a 24-hour ED. The American Hospital Association's (AHA) 1984 and 1985 Annual Surveys of Hospitals were used to obtain a sampling frame. (For a definition of sampling frame and other technical terms used in this report, see the Glossary of Terms in Appendix D.)

Hospitals in the sampling frame were stratified according to several characteristics. First, the sampling frame was divided into the 21 DAWN metropolitan areas and the remainder of the country (called the National Panel). Hospitals having 80,000 or more annual ED visits were assigned to a single stratum for selection with certainty. Then, the remaining hospitals in the 21 metropolitan areas were classified by location—inside or outside the central city—and by whether the hospital had an organized outpatient department and/or a chemical/alcohol inpatient unit—whether they had zero, one, or both types of units. Similarly, hospitals in the National Panel were classified by the presence/absence of such units.

The 21 metropolitan area boundaries correspond to the Office of Management and Budget (OMB) 1983 definitions of Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) with a few exceptions. In the case of the Boston metropolitan area,

the OMB definition was replaced by the definition for the New England County Metropolitan Area (NECMA). In several metropolitan areas, use of the PMSAs excluded some counties covered by DAWN prior to 1988, such as Nassau and Suffolk Counties in New York, certain counties in the Chicago area, and Niagara County in the Buffalo area. In other areas, such as Atlanta, counties not previously covered in DAWN were included. In addition to geographic coverage, the central cities in the new statistical areas differ from those in the old SMAs used previously in DAWN. For example, Hialeah joined Miami as a central city in the new Miami-Hialeah area, and Long Beach joined the Los Angeles-Long Beach area. In some instances in this report, only the first city name is cited, but it always refers to the complete metropolitan area.

Sample sizes for the metropolitan areas and the National Panel were determined for each stratum so as to achieve specified levels of precision in the estimates. In this context, precision refers to the amount of sampling fluctuation inherent in the estimate; the less the fluctuation, the greater the precision. Target precision levels were expressed as relative standard errors (RSEs), defined as the ratio of the standard error (SE) of an estimate to the value of the estimate, expressed as a percentage. Lower RSE values are associated with higher levels of precision and, other things being equal, increases in sample size serve to reduce the RSE and thus increase the level of precision of the estimates. Target RSEs were 6 percent for the national estimates; 6 percent for the Chicago, Los Angeles, and New York metropolitan areas; and 8 percent for all other metropolitan areas. In 5 of the metropolitan areas (Baltimore, Buffalo, Denver, San Diego, and San Francisco), such a large proportion of facilities in each area would have been required to reduce the RSE to 8 percent that the decision was made simply to select all eligible hospitals.

Once the sample size for each metropolitan area and the National Panel was determined, the number of sample units was allocated to the various strata based on the theory of optimal allocation. With this approach, strata with greater variability in drug-related episodes (from hospital to hospital) receive a proportionally larger number of sample units. Optimal allocation serves to reduce the RSE of the estimates for a given overall sample size or to enable a specified RSE to be achieved with a smaller sample.

A total of 685 hospitals was selected for the new sample. Many of the facilities selected, particularly the larger ones, were already participating in DAWN. As noted earlier, 300 new hospitals had to be recruited. Recruitment started in April 1986 and proceeded in phases. By 1988, recruitment of the selected facilities was sufficiently complete to produce estimates based on the new sample.

Some facilities already participating in DAWN were not selected for the new sample. These facilities were retained in the system for sufficient time to obtain overlapping data for calibrating the estimates and developing estimation procedures for prior years. The period of overlap differed by metropolitan area but generally included the last quarter of 1988 and the first half of 1989. Most terminations of nonselected facilities were made in the second half of 1989 or in 1992.

The total number of eligible sample facilities has not remained at the original 685 because some hospitals have closed or become ineligible since the sample was selected. To preserve the integrity of the sample and ensure that the DAWN estimates will continue to be representative, sample maintenance is performed annually. Maintaining the sample involves updating the sampling frame with the most recent available information on the population of eligible hospitals. One purpose for updating the sampling frame is to identify newly eligible

hospitals, or hospitals that are eligible and previously did not have a chance of selection, so that they can be sampled. A second purpose, which focuses on the estimation process, is to determine the population of eligible hospitals that the estimates must apply to, as well as the total number of ED visits among this population, which is used in the calculation of the analytical weights.

II. WEIGHTS AND PRECISION OF THE ESTIMATES

By 1988, hospital recruitment progressed to a point where national estimates and estimates for each of the 21 metropolitan areas could be made with reasonable precision. National estimates are obtained by adding the estimates from the 21 metropolitan areas and the estimate from the National Panel for each estimation category.

The development of estimates from the sample data involves the application of analytical weights calculated on the basis of data from the sampling frame and from DAWN reporting records. Weights are calculated for each quarter of data using a 4-component model that considers:

- The base sampling weight calculated as the reciprocal of the sampling probability;
- An adjustment for atypical reporting, applicable to certain hospitals that merge, split, or respond in an unusual way;
- An adjustment for nonresponse based either on complete nonparticipation or failure to provide data on all the reporting days in a given time period; and
- A correction (benchmark) factor, applied within metropolitan areas, that adjusts the total number of ED visits among participating sample hospitals to the total for the population of hospitals as determined from the sampling frame.

The estimation procedure was modified in 1989 to include the adjustments for 2 types of nonresponse and the ratio or benchmark adjustment based on ancillary data from AHA.

Each estimate from the DAWN ED sample data is subject to sampling variability. This is the variation of the estimate that would be observed if different samples were drawn from the same population using the same procedures. The sampling variability of an estimate is measured by its SE and RSE, which is the standard error divided by the estimate. The precision of an estimate is inversely related to the degree of sampling variability as measured by the RSE; the greater the RSE value, the lower the precision.

III. PRELIMINARY VERSUS FINAL ESTIMATES

Final estimates are produced annually when all hospitals participating in DAWN have submitted their data for that year and when ancillary data used in estimation have become available. In recent years, the final report has included separate final estimates for the first half and the second half of the year, although quarterly estimates have been produced in earlier years. In addition to the final estimates, preliminary estimates are also produced semiannually based on responding hospitals. Data are weighted to produce national and metropolitan area

estimates of ED drug-related mentions. The following factors clarify differences between preliminary and final estimates:

- Final estimates include data from a small number of late-reporting hospitals. Data are continuously updated for a fixed time period. As such, final estimates usually have higher response rates.

- Additional hospitals are added to the sample and incorporated into the final estimates for a given year (not the preliminary estimates for that same year). Most of these hospitals are "newly eligible" because they became DAWN eligible sometime after the original sample was selected. The final DAWN estimates are produced after we receive the most current AHA Annual Survey of Hospitals file. This file is used initially to establish a sampling frame for DAWN. The most current AHA file is used once a year to maintain representativeness of the sample. Between the releases of the preliminary and final estimates, the use of the newer AHA survey can result in hospitals being added to the sample and incorporated into the final estimates.

- Data from the most current AHA file also are used to produce the final weights.

IV. REVIEW OF ESTIMATION SYSTEM

In 1997 and 1998, a thorough review of the DAWN estimation system was undertaken by Westat. As a result of this review, the computer programs that compute the weighted estimates were rewritten to make them more accurate and efficient. While the methodology for computing weights did not change, errors were discovered in the prior programs that affected the estimates for 1995 and 1997. Final estimates for these 2 years were presented in the 1998 Mid-Year Preliminary Report for the first time. The 1995 estimate of total drug-related episodes decreased by less than 1 percent (from 517,800 to 513,600) while the 1997 estimate increased by 5.5 percent (from 487,600 to 514,300). These changes had varying effects on the metropolitan area estimates.

The following changes had the greatest effect on the estimates:

- A change was made in the method for assigning eligibility status to a hospital. The current system tracks partial year eligibility, which improves the sensitivity of the DAWN nonresponse adjustment. Formerly, there was no recognition that a hospital could change its eligibility status during the year.

- A concerted effort was made to ascertain the current eligibility status of all nonparticipating DAWN sampled hospitals. Changes in status from eligible nonrespondent to ineligible (or vice versa) also affected the nonresponse adjustment.

APPENDIX B:
LIMITATIONS OF THE DAWN DATA

I. SOURCES OF ERROR

When producing estimates from any sample survey, 2 types of errors are possible—sampling and nonsampling errors. The sampling error of an estimate is the error caused by the selection of a sample instead of a census of hospitals. Sampling error is reduced by selecting a large sample or by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation. Nonsampling errors include nonresponse, difficulties in the interpretation of the collection form, coding errors, computer processing errors, errors in the sampling frame, and reporting errors.

Many procedures, such as data auditing and periodic retraining of data collectors, are used in DAWN data collection to minimize nonsampling errors. Moreover, nonrespondent hospitals are identified for additional recruitment. Late reporters are assigned for priority data collection and respondents with changes in reporting are designated for followup. Since data are abstracted from medical records completed by hospital staff who treated the patients, the accuracy of these reports depends on their careful recording of these conditions.

It is also important to recognize that DAWN does not provide a complete picture of problems associated with drug use, but rather focuses on the impact that these problems have on hospital EDs in the United States. If a patient is admitted to another part of the hospital for treatment, or treated in a physician's office or at a drug treatment center, the episode would not be included in DAWN.

II. CHANGES IN SAMPLE COMPOSITION AND REPORTING OF EPISODES

Periodic minor modifications are made to the sample to keep it current. Adjustments are made in the weights to account for sample revisions and for any lapses in reporting by the sampled hospitals. It is unlikely that modifications to the sample will affect estimates of the total drug, cocaine, and heroin/morphine mentions over time. Analyses of the previous changes in the sample composition have found them to have little impact on trends across several years.

It is important to consider the potential impact on DAWN trends from changes in the sample composition or reporting anomalies in key sample hospitals, particularly for metropolitan area data. Historically, DAWN analysts and field staff have attempted to identify and document such situations in the period before data release, and events that may have had a significant impact on the estimates were published in this section.

However, choosing the particular situations to highlight often involves more art than science, given that the actual impact on the estimates rarely has been known at the time of publication. This practice led us to question whether the situations that were being highlighted actually had the anticipated impact on DAWN estimates.

We analyzed some specific situations highlighted in recent DAWN reports to determine if those situations had the anticipated effect on DAWN estimates. These analyses have shown that generally, the types of situations published previously as limitations did not have the anticipated effects. Changes in small hospitals do not have a large impact on the estimates,

and the DAWN estimation system already corrects for many nonsampling errors. Extensive quality control measures have been implemented to investigate and address irregularities in the data prior to publication.

As a result of this analysis, we have concluded that listing inconsequential, nonsampling errors discredits the DAWN system unnecessarily and possibly contributes to misinterpretation of DAWN data. Therefore, we have decided to discontinue reporting data limitations unless the impact on the estimates is clear.

APPENDIX C:
EXPLANATION OF TABLES

The tables included at the end of this report present estimates of total drug episodes, total drug mentions, and mentions of 35 specific drugs plus alcohol-in-combination. Also included are detailed tabulations for cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed mentions. Drug mentions are shown by metropolitan areas, age, gender, race/ethnicity, central city versus outside central city, motive for taking the substance, and reason for ED visit. Data shown in these tables are based on the representative sample of hospitals that was implemented in 1988 and updated periodically since then.

Odd-numbered tables report semiannual data from the first half of 1994 through the second half of 1999. Even-numbered tables report annual data from 1992 through 1999. This is the first publication that presents final annual estimates for 1999.

Tables 29 to 56 report semiannual and annual rate data adjusted for population. The rate tables present estimates of ED drug episodes and mentions per 100,000 population in metropolitan areas and in the Nation broken out by age and gender.

The U.S. Bureau of the Census defines *Metropolitan Area* (MA) as the city core and its immediately adjacent geographic areas that are highly integrated economically and socially with the city core. Population-based rates are obtained by taking the estimates of total episodes and mentions for each demographic category, and dividing by the number of persons in the population for that demographic category. These standardized data provide the means for comparing drug episodes and mentions by city over time. Semiannual numbers are based on the first half of the year and are not comparable to annual numbers, which are based on 12-month data. Semiannual and annual numbers for 1988 or earlier can be accessed via the Internet (see page ii) or by ordering earlier reports (see the publications list at the end of this report).

Population data are derived from the following U.S. Bureau of the Census files:

- Civilian Noninstitutional Population of the United States by Age, Sex, and Race (CNP Tables), which provides monthly population estimates by age, gender, race, and Hispanic origin for the total United States;
- 1990 Census Counts by Age, Sex, and Race (ASR File), which provides population estimates by state and county, broken out by combinations of age, gender, race, and Hispanic origin; and
- County-Level Population Estimates (CPOP File), which provides estimates of annual total population by county as of July 1 of each year.

Population data are obtained by:

- Adjusting the CPOP annual county population counts to the 1990 ASR demographic counts to produce annual county demographic counts;

- Adjusting the annual county demographic counts to the CNP to produce monthly county demographic counts; and

- Summing the monthly county demographic counts across all counties in the MA and across all months in the quarter (half-year or year), to produce semiannual or annual demographic counts for each DAWN area.

APPENDIX D:
GLOSSARY OF TERMS

Cause of death: See ***Drug abuse death***.

Coterminous U.S.: The contiguous 48 continental States and Washington, DC. Excludes Alaska and Hawaii.

Disposition of ED patient: Suggestions or recommendations made or actions taken by the hospital as they relate to the patient's presenting problem:

- *Treated and released or referred* - The patient is given appropriate ED treatment and is released or, after appropriate ED treatment, the hospital refers the patient to another agency or to a private physician for additional services.
- *Admitted to hospital* - The patient is admitted as an inpatient to hospital.
- *Left against medical advice* - The patient, prior to or after treatment, left without a physician's approval.
- *Died* - The patient died while in ED or while an inpatient.

Drug abuse: The nonmedical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture (see ***Drug use motive***). For the purpose of this report, nonmedical use means:

- The use of prescription drugs in a manner inconsistent with accepted medical practice;
- The use of over-the-counter drugs contrary to approved labeling; or
- The use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide.

Drug abuse death: A drug-induced death is any death involving a drug "overdose" in which a toxic drug level is found or suspected. A drug-related death is any death where the drug usage is a contributory factor but not the sole cause, (i.e., accidents, disease state, withdrawal symptoms, etc.); in these cases, causation of death by the drug is not implied.

- *"Drug-induced" deaths:*
  - Direct single-drug cause (overdose); and
  - Direct multiple-drug cause (cause not attributable specifically to any one drug but to drug overdose).
- *"Drug-related" deaths:*
  - Combination with physiological condition;

- Combination with external physical event; or

- Combination with medical disorder, probably drug caused. (See definitions for each term.)

- Exclusions: DAWN medical examiner (ME) cases in which AIDS (acquired immunodeficiency syndrome) was reported and cases in which "drug unknown" was the only substance reported are excluded from the tables of ME data in Annual ME Data reports. As in previous years, the ME data in Annual ME Data reports exclude homicide cases reported to DAWN.

Drug abuse episode or case: A reported ME death or ED admission that involved drug abuse. Episodes involving children under 6 years of age are not reported to the DAWN system. The number of ED patients in DAWN is not synonymous with the number of patients involved. One patient may make repeated visits to an ED or to several EDs, thus producing a number of episodes. As no patient identifiers are collected, it is impossible to determine the number of patients involved in the reported ED episodes.

Drug abuser: An ED patient or an ME decedent who had taken a substance(s) without proper medical supervision for reason(s) of psychic effect, dependence, or suicide attempt/ gesture. See also ***Drug abuse***.

Drug category: A generic grouping of substances reported to DAWN. The DAWN drug groupings are periodically reviewed in order to reflect the most recent changes in pharmaceutical classifications and drug legislation. Occasional changes in drug classification should be taken into consideration when comparing drug data from this report with other DAWN reports. These classifications may involve street names and brand names, which are sometimes used to identify a substance and its generic drug group. Such names are carried in DAWN due to the inability of some drug users to reliably identify a substance other than by its street name. Therefore, references to substances such as "speed" appear in the tables. Additional clarification is provided for the following drug categories:

- *Alcohol-in-combination* - DAWN does not gather data on alcohol used alone, only alcohol used concomitantly with another abused substance. Therefore, all alcohol mentions are combination mentions.

- *Heroin/morphine* - Although heroin may be the ingested drug, it is metabolized to morphine. Therefore, heroin and morphine are treated as a single drug. In addition, in DAWN reports the heroin/morphine category includes mentions of opiates not specified as to type.

- *Marijuana/hashish* - As both marijuana and hashish are derived from the cannabis plant and have tetrahydrocannabinol (THC) as their psychoactive ingredient, they are treated as a single drug in this report.

- *Diazepam* - Mentions of desmethyldiazepam, a metabolic product of diazepam, are combined with those of diazepam in this report.

- *Methamphetamine/speed* - Data for methamphetamine and speed were shown separately in prior reports. To facilitate analyses, data on these 2 DAWN categories are now shown together under the aggregate category of "methamphetamine/speed."

- *Fluoxetine and imipramine* - In DAWN reports for 1988, mentions of Prozac, an antidepressant first marketed in December 1987, were misassigned to the imipramine category. Prozac has since been removed from the imipramine group, combined with generic fluoxetine, and tabulated under the category of "fluoxetine" for DAWN ED and ME reports.

- *Drug unknown* - ED mentions of "drug unknown" may be recorded either when the user did not know what had been taken or perhaps did not wish to reveal the use of an illicit substance, or when data were not available in the hospital records. ME cases in which "drug unknown" is the only substance reported are excluded from the tabulations in this report. ME mentions of "drug unknown" may result from cases in which the ME knows that a decedent was a drug abuser (e.g., using drugs intravenously) but has not tested for specific drugs. ME cases in which "drug unknown" is the only substance reported are excluded from the tabulations in this report.

Drug concomitance: This term refers to whether a drug abuse episode involved a single drug mention or multiple mentions.

Drug mention: This refers to a substance that was mentioned in a drug abuse episode. In addition to alcohol-in-combination, the number of substances that can be reported is up to 4 for each drug abuse ED episode and up to 6 for each ME death. Therefore, the total number of mentions exceeds the number of total episodes. For ME cases, it should be noted that a drug mention may or may not be the confirmed "cause" of the death in multiple-drug abuse cases. Even when only one substance is reported for a case, an allowance should still be made for reportable drugs not mentioned or for other contributory factors.

Drug use motive: DAWN classifies ED drug abuse episodes according to one or more of the following reasons for taking a substance(s):

- *Psychic effects* - A conscious action to use drugs to improve or enhance any physical, emotional, or social situation or condition. Two categories of psychic effect are:

  - Use of drugs for experimentation or to enhance a social situation (e.g., curious, peer pressure, to get high, fun, "for kicks," to party); and

  - Use of drugs to improve or enhance any mental, emotional, or physical state (e.g., depression, anxiety, relieve headache, reduce pain, stay awake, relax, help study, get to sleep).

- *Dependence* - A psychic and/or physical state characterized by behavior that always includes a compulsion to take the drug on a continuous or periodic basis in order to experience its effects or to avoid the discomfort of its absence (e.g., had to take, had to have, needed a fix).

- *Suicide attempt or gesture* - Successful or unsuccessful suicide attempt or gesture verified by a witness, a note left by patient, physician's medical record note, or other evidence.

- *Other reason* - Self-medication for physical ailment, to prevent pregnancy or induce abortion, accident, used unknowingly, etc.

External physical event: A category of drug abuse deaths caused by a physical event that occurred while the decedent was under the influence of drugs. Examples may include car accidents, falls, burns, or gunshot wounds.

Facility location: Data from the 21 metropolitan areas in the DAWN ED sample are tabulated separately for central cities and areas outside central cities.

Form in which drug was acquired/found: The form in which the substance was received by the user/abuser is coded, not the form in which the substance was consumed.

Hospital emergency department (ED): Only hospitals that met eligibility criteria for DAWN were recruited to participate. To be eligible, hospitals must be non-Federal, short-stay facilities with EDs that are open 24 hours a day, and located in the coterminous U.S. Specialty hospitals, hospital units of institutions, long-term care facilities, and pediatric hospitals are excluded.

Jurisdiction: The reporting area covered by a single ME's or coroner's office which is almost always a single county.

Manner of death: Drug abuse deaths reported to DAWN (ME episodes) are coded as either "accidental/unexpected," "suicide," or "homicide." Data on drug-related homicide deaths are not included in Annual ME Data reports. The manner-of-death codes are defined as follows:

- *Accidental/unexpected* - An unintentional death resulting from a drug abuse episode. The cause of death may be drug induced or drug related. The essential feature of this manner of death is that the user/abuser did not intend to die.

- *Suicide* - The deliberate taking of one's own life. The deceased may have used drugs to bring about his or her own immediate destruction, or the death may be drug related, involving external physical events (e.g., jumping, hanging, shooting, cutting the wrist) with the intention of ending one's life.

- *Natural* - A death not due to external causes but due to a medical disorder or a physiological disease process. In DAWN this category includes cases in which the decedent's drug abuse caused the medical disorder or physiological condition, such as AIDS. This also includes cases where a condition was worsened by the decedent's drug use (e.g., a heart condition or diabetes). Note that AIDS cases are excluded from the tables in Annual ME Data reports. Deaths from natural causes are not shown separately in ME reports but are included in the "unknown/unexpected" manner of death category.

Medical disorder: A category of drug abuse deaths caused by using a drug in combination with a medical disorder or disease that probably resulted from drug abuse. Examples include hepatitis, bacterial endocarditis, and tetanus.

Medical examiner (ME): All MEs and coroners in the DAWN ME metropolitan areas or counties are eligible for participation in DAWN.

Metropolitan area: An area composed of a relatively large core city or cities and the adjacent geographic areas. Conceptually, these areas are integrated economic and social units with a large population nucleus. Facilities recruited for the DAWN ED sample were selected from

the Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) as defined in 1983 by the Office of Management and Budget.

National Panel: This term is used to denote 2 concepts relative to DAWN ED data: (1) The universe of eligible hospitals outside the 21 DAWN metropolitan areas but within the coterminous U.S. or (2) The sample of hospitals in DAWN that were selected from this universe. The National Panel sample is weighted to produce estimates for the National Panel universe. See also ***Metropolitan area.***

p-value: The probability value is the actual probability associated with an obtained statistical result; this is then compared with the significance level to determine whether that value is statistically significant. For the *p*-value to be significant, it must be less than or equal to the significance level. The traditional significance levels are *p* less than .001, .01, .05, and .10. The *p*-value less than .05 is used in DAWN reports.

Physiological condition: A category of drug abuse deaths caused by the abuse of a drug in combination with some preexisting and potentially deadly condition not related to drug abuse, such as diabetes or chronic heart conditions.

Population: See ***Universe***.

Precision: The extent to which an estimate agrees with its mean value in repeated sampling. The precision of an estimate is measured inversely by its standard error (SE) or relative standard error (RSE). In ED reports, estimates with an RSE of 50 percent or higher are regarded as too imprecise and are not printed. ED table cells where such estimates would have appeared contain the symbol ". . ." (3 dots). See also ***Relative standard error***.

Race/ethnicity: The race/ethnicity categories on the DAWN data collection form are:

- *White, not of Hispanic origin* - A patient having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- *Black, not of Hispanic origin* - A patient having origins in any of the black racial groups of Africa.
- *Hispanic patient of Mexican, Puerto Rican, Cuban, or Central or South American, or other Spanish culture or origin, regardless of race.*
- *American Indian/Alaskan Native* - A patient having origins in any of the peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- *Asian/Pacific Islander* - A patient having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- *Other* - A patient whose race cannot be classified into any of the categories above. This residual category was reinstated on the DAWN form in July 1991 after having been removed in an earlier revision.

Random sample: A sample in which each member of the sampling frame has a known, nonzero probability of selection.

Rank: A rank indicates the relative frequency of mentions for a particular drug category within the total DAWN system. For example, a drug category ranked second indicates that it accounted for the second highest number of mentions among all drug categories. When 2 or more drugs received equal numbers of mentions, they are assigned the same rank. It should be noted that a difference in rank should be considered only as indicative of a difference in frequency among drugs reported to DAWN, no matter how small, and not as necessarily denoting a meaningful or significant difference. For example, a difference of one between ranks of drug categories could mean a difference of one drug mention or a difference of many.

Reason for ED contact: Drug users reported to an ED and DAWN contact for the following reasons:

- *Unexpected reaction* - The drug's effect was different than anticipated, thus, causing concern (e.g., bad trip, panic, hallucinations, etc.).
- *Overdose* - Either intentional or accidental (e.g., effects of suicide attempt, coma, etc.).
- *Withdrawal* - Symptoms which occur when a patient stops taking a substance upon which she/he is physiologically dependent and suffers physical symptoms, including abdominal pain, cold sweat, hyperactivity, and tremors that require treatment.
- *Chronic effects* - Secondary conditions resulting from habitual usage or dependence, including malnutrition, tetanus, blood poisoning, etc.
- *Seeking detoxification* - Patients with identified problems with chronic substance abuse who seek admission to a detoxification program and receive treatment from emergency department staff. This category was added to the data collection form in 1987.
- *Accident/injury* - Injuries resulting from accidents that were caused by or related to drug abuse. This category was added to the data collection form in 1987.
- *Other* - Reasons which cannot be classified into one of the aforementioned categories.

Reason for taking substance: See ***drug use motive***.

Relative standard error (RSE): A measure of the sampling variability or precision of an estimate defined as the estimate's SE expressed as a percentage of the estimate's value. (See also ***Precision*** and ***Standard error***.)

Route of drug administration: The method by which the substance was taken into the user/abuser's body is coded according to the following categories:

- *Oral* - Substance is ingested through the mouth.
- *Injection* - Substance enters the body through a vein (intravenously), into the muscle (intramuscularly), or under the skin (subcutaneously).

- *Inhaled* - Gases or fumes of a substance are taken into the body by inhaling through the nose or mouth into the lungs (e.g., inhaling the fumes of glue, aerosols, paints, gasoline, etc.).

- *Smoked (includes freebase)* - Substance (e.g., marijuana/hashish, “crack” cocaine) is consumed by smoking a cigarette, pipe, or similar device.

- *Sniffed/snorted* - Substance (e.g., cocaine, heroin/morphine), which is acquired in a powder or crystalline form, is forcefully inhaled through the nose.

- *Other* - Used when the route of administration of the substance cannot logically be included as any of the above.

Sampling frame: A list of units from which the ED sample is drawn. All members of the sampling frame have a probability of being selected. A sampling frame is constructed such that there is no duplication and each unit is identifiable. Ideally, the sampling frame and the universe are the same. The sampling frame for the DAWN hospital ED sample is the American Hospital Association (AHA) annual survey.

Sampling unit: A member of a sample selected from a sampling frame. For the DAWN sample, the units are hospitals, and data are collected for all drug-related ED episodes at the responding hospitals selected for the sample.

Sampling weights: Numeric coefficients used to derive population estimates from a sample.

Single-drug episode, case, or death: A drug abuse episode, case, or death that involves only one drug.

Source of substance: The immediate source of the substance that the patient abused is coded as follows:

- *Legal prescription* - This is coded only when the abuser was legally prescribed the drug of abuse. If one patient obtains a drug by legal prescription and sells it to another who abuses it, the source to the abuser is marked "street buy." If the patient for whom the prescription was issued gives the drug to another patient who abuses it, the source to the abuse is "other unauthorized procurement."

- *Street buy* - The drug abuser purchased a drug and/or prescription from a source other than legitimate channels.

- *Other unauthorized procurement* - The drug was acquired in a manner not consistent with accepted medical care but was not bought on the street. This category includes drugs purchased using forged prescriptions, stolen, or received as a gift.

- *Other* - Used when the source of the substance cannot logically be included as any of the above. This category includes all over-the-counter medications.

- *Unknown* - Reported when information on source was unavailable.

Standard error (SE): A measure of the sampling variability or precision of an estimate. The SE of an estimate is expressed in the same units as the estimate itself. For example, an estimate of 10,000 cocaine mentions with an SE of 500 indicates that the SE is 500 mentions.

Strata (plural), stratum (singular): Subgroups of a population within which separate ED samples are drawn. Stratification is used to increase the precision of estimates for a given sample size, or, conversely, to reduce the sample size required to achieve the desired level of precision. In the DAWN ED sample, the sample is stratified into 21 metropolitan area cells plus an additional cell for the National Panel. Then, within these cells strata are defined according to the annual number of ED visits, whether the hospital is located inside or outside the central city of the metropolitan area, and by the presence or absence of an organized outpatient department, alcohol/chemical dependence inpatient unit, or both. The strata are as follows:

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the 21 DAWN metropolitan areas			
0	≥80,000	Not applicable	Not applicable
1	<80,000	Central city	Both
2	<80,000	Central city	One only
3	<80,000	Central city	Neither
4	<80,000	Outside Central city	Both
5	<80,000	Outside Central city	One only
6	<80,000	Outside Central city	Neither

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the National Panel			
0	≥80,000	Not applicable	Not applicable
7	<80,000	Not applicable	Both
8	<80,000	Not applicable	One only
9	<80,000	Not applicable	Neither

Note: Stratum "0" is defined for each of the 21 metropolitan areas and the National Panel cells. See *Drug Abuse Warning Network Sample Design and Estimation Procedures: Technical Report*, November 1997.

Statistically significant: A difference between 2 estimates is said to be statistically significant if the value of the statistic used to test the difference is larger or smaller than would be expected by chance alone. For DAWN estimates, the difference is statistically significant if the *p*-value is less than 0.05 (see also ***p-value***).

Therapeutic class: A general grouping of generic drugs such as tranquilizers, narcotic analgesics, barbiturate sedatives, etc. These groupings are based primarily on a pre-existing classification used in the National Drug and Therapeutic Index (IMS America, Ltd.). The

DAWN system has accumulated a vocabulary of more than 7,300 substance names that have been mentioned in incidents of abuse. This vocabulary is updated monthly by the inclusion of new abuse substances and, through receipt of identifying information, the reclassification of drugs. Occasionally, this reclassification may shift a drug to a different therapeutic class and/or drug grouping.

Universe: The entire set of units for which generalizations are drawn. The universe for the DAWN ED sample is all short-stay, non-Federal hospitals in the coterminous U.S. with EDs open 24 hours a day. (See also ***Coterminous U.S.***).

Detailed Tables

Table 1 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by half year: First half 1994 - second half 1999

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
DRUG EPISODES.....	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	278,304	276,628	0.942	0.638
DRUG MENTIONS.....	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	509,909	505,297	0.920	0.580
Alcohol-in-combination.....	77,606	83,138	86,587	80,338	80,400	85,785	85,230	86,751	91,067	93,936	102,138	94,139	0.617	0.974
Cocaine.....	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	79,582	89,182	0.026 +	0.654
Heroin/morphine.....	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,565	45,843	0.000 +	0.017 +
Acetaminophen.....	21,450	17,225	18,850	17,713	20,214	18,051	18,428	17,020	17,384	14,873	14,531	13,728	0.547	0.259
Aspirin.....	9,968	9,390	8,601	8,128	8,569	7,285	7,555	7,068	7,487	7,969	6,826	5,989	0.284	0.017 -
Ibuprofen.....	9,778	9,253	10,590	10,660	8,593	8,386	8,474	8,595	8,769	8,376	7,503	6,897	0.449	0.047 -
Alprazolam.....	8,054	9,129	9,059	8,023	8,795	7,860	8,686	8,782	9,049	8,783	10,023	10,461	0.746	0.162
Marijuana/hashish.....	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	43,109	44,041	0.866	0.328
Diazepam.....	5,877	7,691	7,404	6,843	6,520	7,081	6,830	6,537	5,846	6,912	5,155	6,251	0.127	0.423
Amitriptyline.....	6,059	5,238	4,848	4,050	5,286	3,587	4,385	4,059	3,671	3,038	2,476	3,240	0.280	0.773
Acetamin./codeine.....	3,151	3,698	3,427	3,402	2,885	2,948	3,570	3,019	2,341	2,703	1,864	1,857	0.986	0.035 -
OTC sleep aids.....	3,241	3,649	3,340	3,454	4,269	3,358	3,417	2,667	3,062	2,688	2,552	2,433	0.770	0.600
Lorazepam.....	5,718	6,530	6,072	5,184	5,411	4,623	5,505	5,313	5,636	4,836	5,965	4,726	0.306	0.871
d-Propoxyphene.....	3,971	3,507	3,654	3,361	3,527	3,252	3,411	4,203	3,934	2,951	3,727	2,525	0.022 -	0.372
Fluoxetine.....	4,354	4,769	4,719	4,781	5,155	4,441	5,385	5,111	5,364	4,448	5,499	3,880	0.065	0.299
Diphenhydramine.....	4,444	5,092	4,919	3,766	4,459	4,947	4,765	4,039	3,365	2,745	2,611	2,857	0.582	0.820
Methamphetamine/speed....	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,730	5,717	0.212	0.335
Oxycodone.....	2,094	1,990	1,829	1,564	1,495	1,696	2,165	2,692	2,293	2,918	3,060	3,369	0.611	0.408
PCP/PCP combinations.....	2,962	3,057	3,233	3,004	1,976	1,948	2,210	1,985	2,143	1,890	2,120	2,849	0.049 +	0.046 +
Lithium carbonate.....	2,521	3,443	3,834	2,873	2,667	2,011	2,781	2,083	1,840	1,642	2,422	1,444	0.152	0.677
Clonazepam.....	5,954	6,204	6,381	6,421	6,834	6,541	7,364	7,233	8,863	8,587	8,831	7,754	0.237	0.313
Hydantoin.....	1,807	1,469	1,997	1,579	1,544	1,391	1,420	1,014	1,408	1,568	1,600	1,287	0.624	0.458
Hydrocodone.....	4,150	4,328	4,532	4,445	5,741	4,732	5,170	5,535	5,830	6,739	6,341	8,298	0.040 +	0.067
LSD.....	1,981	3,169	2,651	3,029	2,474	2,095	3,677	1,542	1,767	3,215	2,427	2,699	0.651	0.547
Triazolam.....	570	427	407	369	458	267	179	142	350	188	282	278	0.982	0.522
Phenobarbital.....	1,421	1,050	1,346	1,542	1,266	1,069	1,000	830	1,220	1,325	855	639	0.357	0.046 -
Doxepin.....	1,903	2,365	1,541	1,185	1,102	1,299	1,422	669	914	623	833	719	0.563	0.632
Cyclobenzaprine.....	1,432	1,699	1,320	1,603	1,608	1,991	1,551	2,075	1,538	1,429	1,549	1,212	0.348	0.548
Haloperidol.....	1,322	1,751	1,536	1,183	1,256	2,055	1,146	1,160	952	1,179	676	507	0.579	0.024 -
Amphetamine.....	4,266	5,398	5,633	3,747	3,508	5,801	4,461	5,774	5,321	6,430	5,668	6,286	0.311	0.901
Trazodone.....	3,275	4,018	4,814	4,641	4,789	4,421	4,188	4,545	5,158	4,517	5,424	4,429	0.267	0.912
Carisoprodol.....	3,484	3,088	4,392	3,379	3,770	3,509	2,960	3,174	4,412	4,042	4,323	4,506	0.799	0.561
Naproxen.....	2,126	2,176	2,361	2,892	2,309	2,237	2,710	2,620	2,842	2,706	2,580	2,031	0.191	0.077
Imipramine.....	1,457	1,307	1,572	910	735	1,102	826	557	506	211	492	259	0.199	0.718
Carbamazepine.....	1,952	1,929	1,932	1,700	1,878	1,861	1,625	1,845	1,343	1,877	1,944	1,107	0.151	0.037 -
Thioridazine.....	1,405	1,785	1,562	1,005	1,242	1,001	822	905	733	494	303	176	0.366	0.036 -
TOTAL ED VISITS.....**	**44,439**	**45,190**	**44,027**	**44,521**	**45,314**	**45,876**	**44,342**	**45,378**	**44,309**	**45,374**	**45,389**	**45,710**	**0.000 +**	**0.000 +**

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 2 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by year: 1992-1999

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
DRUG EPISODES	433,493	460,910	518,521	513,633	514,347	527,058	542,544	554,932	0.610	0.373
DRUG MENTIONS	751,731	796,762	900,317	901,206	907,561	943,937	982,856	1,015,206	0.488	0.245
Alcohol-in-combination	141,772	143,574	160,744	166,925	166,185	171,982	185,002	196,277	0.476	0.232
Cocaine	119,843	123,423	142,878	135,801	152,433	161,087	172,014	168,763	0.767	0.573
Heroin/morphine	48,003	63,232	64,013	70,838	73,846	72,010	77,645	84,409	0.191	0.073
Acetaminophen	31,355	34,033	38,674	36,563	38,265	35,448	32,257	28,258	0.013 -	0.000 -
Aspirin	18,834	18,958	19,358	16,729	15,854	14,623	15,457	12,815	0.007 -	0.148
Ibuprofen	16,400	17,534	19,031	21,250	16,979	17,070	17,146	14,400	0.009 -	0.017 -
Alprazolam	16,498	16,832	17,183	17,082	16,655	17,468	17,833	20,484	0.124	0.110
Marijuana/hashish	23,997	28,873	40,183	45,271	53,789	64,744	76,870	87,150	0.108	0.009 +
Diazepam	13,947	12,409	13,568	14,248	13,601	13,367	12,758	11,406	0.196	0.092
Amitriptyline	10,132	9,863	11,297	8,898	8,874	8,445	6,710	5,716	0.296	0.004 -
Acetamin./codeine	7,094	7,655	6,849	6,829	5,832	6,589	5,045	3,721	0.012 -	0.000 -
OTC sleep aids	7,034	5,380	6,890	6,794	7,628	6,084	5,750	4,986	0.232	0.120
Lorazepam	8,925	10,191	12,248	11,256	10,035	10,818	10,472	10,692	0.873	0.936
d-Propoxyphene	6,551	8,039	7,478	7,015	6,780	7,614	6,885	6,252	0.440	0.103
Fluoxetine	8,327	7,537	9,123	9,499	9,596	10,495	9,812	9,379	0.669	0.293
Diphenhydramine	7,861	7,442	9,537	8,685	9,406	8,804	6,110	5,468	0.326	0.000 -
Methamphetamine/speed	6,563	9,926	17,665	15,936	11,002	17,154	11,491	10,447	0.389	0.002 -
Oxycodone	3,750	3,395	4,084	3,393	3,190	4,857	5,211	6,429	0.062	0.070
PCP/PCP combinations	5,282	6,614	6,019	6,237	3,924	4,195	4,033	4,969	0.134	0.293
Lithium carbonate	4,653	5,327	5,964	6,707	4,678	4,864	3,481	3,867	0.513	0.224
Clonazepam	8,220	10,175	12,158	12,802	13,375	14,597	17,450	16,584	0.514	0.224
Hydantoin	3,879	3,528	3,276	3,576	2,935	2,434	2,976	2,887	0.885	0.535
Hydrocodone	6,105	6,115	8,478	8,977	10,473	10,705	12,568	14,639	0.158	0.026 +
LSD	3,499	3,422	5,150	5,681	4,569	5,219	4,982	5,126	0.868	0.904
Triazolam	1,666	1,264	997	776	726	322	537	560	0.916	0.207
Phenobarbital	3,220	3,021	2,471	2,888	2,335	1,830	2,545	1,493	0.020 -	0.413
Doxepin	3,605	3,351	4,268	2,726	2,402	2,091	1,537	1,552	0.962	0.186
Cyclobenzaprine	2,731	2,647	3,130	2,924	3,599	3,626	2,967	2,761	0.677	0.114
Haloperidol	2,896	3,301	3,072	2,718	3,311	2,306	2,131	1,183	0.040 -	0.020 -
Amphetamine	3,713	5,538	9,664	9,380	9,308	10,235	11,751	11,954	0.887	0.275
Trazodone	4,640	5,682	7,293	9,455	9,210	8,733	9,674	9,853	0.863	0.322
Carisoprodol	5,922	6,570	6,571	7,771	7,279	6,133	8,454	8,829	0.728	0.008 +
Naproxen	2,690	3,125	4,302	5,253	4,546	5,330	5,549	4,610	0.129	0.295
Imipramine	4,371	3,295	2,764	2,482	1,837	1,383	717	751	0.871	0.033 -
Carbamazepine	3,319	4,823	3,881	3,633	3,740	3,471	3,219	3,052	0.799	0.573
Thioridazine	2,881	3,017	3,190	2,567	2,243	1,727	1,227	478	0.004 -	0.001 -
TOTAL ED VISITS**	**85,944**	**87,651**	**89,629**	**88,548**	**91,189**	**89,720**	**89,683**	**91,100**	**0.000 +**	**0.000 +**

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 3 - Estimated number of emergency department drug episodes, by metropolitan area by half year: First half 1994 - second half 1999

DRUG EPISODES

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**252,625**	**265,896**	**270,855**	**242,777**	**251,672**	**262,675**	**265,194**	**261,864**	**271,903**	**270,641**	**278,304**	**276,628**	**0.942**	**0.638**
Atlanta	4,899	5,929	5,689	5,374	4,561	4,839	4,025	3,979	5,544	5,178	4,897	5,298	0.139	0.753
Baltimore	7,527	8,335	8,307	7,659	7,763	8,231	6,618	6,137	6,440	7,296	7,122	7,050	0.244	0.285
Boston	6,563	8,662	8,690	7,383	7,109	6,429	6,357	5,872	6,739	6,917	5,784	5,885	0.543	0.009 -
Buffalo	1,499	1,427	1,355	1,358	1,830	1,757	1,571	1,241	1,276	1,407	1,223	1,487	0.202	0.661
Chicago	9,963	11,548	11,728	10,157	10,974	12,550	12,846	14,045	12,873	13,336	12,482	13,676	0.097	0.593
Dallas	2,463	2,698	2,652	2,577	2,512	2,466	2,911	3,284	3,632	3,566	3,104	3,141	0.573	0.281
Denver	2,502	2,532	2,460	2,149	1,779	1,641	2,101	2,237	2,031	2,060	2,258	2,558	0.077	0.009 +
Detroit	9,251	7,910	10,587	8,043	10,596	10,225	9,363	8,241	8,489	8,994	8,184	7,942	0.778	0.319
Los Angeles - Long Beach	9,524	9,732	10,027	9,233	10,100	10,178	8,809	8,378	8,127	8,976	9,940	10,739	0.294	0.065
Miami - Hialeah	2,888	2,961	3,266	3,156	3,078	3,214	3,239	3,046	3,170	3,255	3,402	3,725	0.228	0.159
Minneapolis - St. Paul	2,342	2,269	2,229	2,098	2,377	2,459	2,563	2,410	2,248	2,101	2,414	2,229	0.039 -	0.380
New Orleans	2,328	2,411	2,619	3,249	2,900	2,944	2,602	2,607	2,766	2,325	2,328	2,131	0.000 -	0.009 -
New York	21,652	21,475	21,027	19,764	21,001	19,470	18,953	18,163	18,047	18,096	15,172	15,491	0.528	0.029 -
Newark	4,565	4,829	5,435	5,435	5,274	4,635	4,155	4,738	4,619	4,326	4,085	4,216	0.357	0.620
Philadelphia	8,352	9,360	10,361	10,142	10,610	11,025	11,457	11,772	12,674	12,254	12,303	12,110	0.790	0.917
Phoenix	3,175	3,704	4,184	3,729	3,820	3,614	3,747	3,581	3,754	3,306	4,069	4,224	0.000 +	0.000 +
St. Louis	2,919	3,121	3,080	2,582	3,021	3,168	2,835	2,828	2,861	2,858	3,206	3,129	0.718	0.330
San Diego	2,582	2,469	2,346	2,315	2,915	2,896	3,081	3,673	3,590	3,391	3,239	3,796	0.000 +	0.001 +
San Francisco	4,883	6,882	5,071	5,093	4,764	4,772	4,633	4,791	4,596	4,473	4,224	4,705	0.007 +	0.312
Seattle	4,952	5,097	4,494	4,024	4,370	4,106	5,102	5,491	4,625	3,707	3,933	4,492	0.000 +	0.000 +
Washington, DC	6,571	7,581	6,359	5,471	5,939	5,781	5,651	5,543	5,973	5,623	5,025	5,258	0.376	0.166
National Panel	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	159,908	153,346	0.775	0.620

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 4 - Estimated number of emergency department drug episodes, by metropolitan area by year: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**433,493**	**460,910**	**518,521**	**513,633**	**514,347**	**527,058**	**542,544**	**554,932**	**0.610**	**0.373**
Atlanta	8,767	7,728	10,828	11,063	9,400	8,004	10,722	10,195	0.434	0.208
Baltimore	12,946	13,474	15,862	15,966	15,994	12,755	13,736	14,172	0.195	0.144
Boston	12,744	12,644	15,225	16,073	13,539	12,229	13,657	11,669	0.049 -	0.794
Buffalo	1,962	2,522	2,926	2,714	3,587	2,812	2,683	2,711	0.903	0.788
Chicago	17,580	17,978	21,511	21,885	23,524	26,891	26,209	26,158	0.943	0.687
Dallas	4,062	4,739	5,160	5,230	4,978	6,195	7,198	6,245	0.199	0.951
Denver	3,664	3,791	5,034	4,609	3,419	4,338	4,091	4,816	0.002 +	0.099
Detroit	15,777	19,169	17,162	18,630	20,822	17,604	17,483	16,126	0.291	0.441
Los Angeles - Long Beach	19,697	20,611	19,256	19,260	20,278	17,187	17,103	20,678	0.014 +	0.101
Miami - Hialeah	4,707	5,588	5,849	6,421	6,292	6,285	6,426	7,128	0.121	0.034 +
Minneapolis - St. Paul	3,923	4,558	4,611	4,327	4,836	4,974	4,348	4,643	0.168	0.507
New Orleans	5,353	4,092	4,739	5,868	5,844	5,209	5,091	4,459	0.000 -	0.000 -
New York	44,759	45,116	43,127	40,792	40,471	37,116	36,142	30,662	0.037 -	0.061
Newark	8,748	9,216	9,395	10,870	9,909	8,893	8,944	8,301	0.057	0.136
Philadelphia	20,573	19,801	17,711	20,502	21,634	23,229	24,928	24,413	0.815	0.603
Phoenix	6,103	5,930	6,879	7,913	7,434	7,327	7,060	8,293	0.000 +	0.000 +
St. Louis	4,405	4,020	6,039	5,662	6,188	5,664	5,719	6,336	0.153	0.274
San Diego	6,088	5,310	5,051	4,661	5,811	6,754	6,982	7,036	0.793	0.137
San Francisco	10,592	11,763	11,766	10,165	9,536	9,424	9,070	8,930	0.704	0.029 -
Seattle	6,200	7,266	10,049	8,517	8,476	10,593	8,332	8,426	0.937	0.431
Washington, DC	10,687	12,339	14,152	11,830	11,720	11,194	11,596	10,282	0.000 -	0.457
National Panel	204,155	223,256	266,189	260,674	260,654	282,380	295,023	313,254	0.446	0.314

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 5 - Estimated number of emergency department drug mentions, by metropolitan area by half year: First half 1994 - second half 1999

DRUG MENTIONS

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**438,398**	**461,919**	**471,933**	**429,273**	**442,932**	**464,630**	**473,220**	**470,716**	**492,116**	**490,741**	**509,909**	**505,297**	**0.920**	**0.580**
Atlanta	9,416	11,946	11,497	10,822	9,120	9,988	8,129	8,063	10,625	9,593	9,295	10,206	0.058	0.333
Baltimore	12,800	14,096	14,151	12,970	12,964	14,121	11,470	10,593	10,866	12,684	12,528	12,257	0.016 -	0.296
Boston	12,004	16,228	16,232	13,865	13,146	11,785	11,757	10,663	12,243	12,650	10,507	10,717	0.555	0.025 -
Buffalo	2,503	2,566	2,405	2,467	3,435	3,250	2,953	2,333	2,341	2,594	2,220	2,710	0.174	0.717
Chicago	17,310	19,963	20,576	17,861	19,683	22,755	24,192	26,337	23,784	24,591	22,826	25,064	0.137	0.723
Dallas	4,457	4,902	4,849	4,806	4,753	4,425	5,400	6,052	6,818	6,601	5,797	5,669	0.434	0.224
Denver	4,253	4,163	4,469	3,757	3,063	2,853	3,675	3,863	3,544	3,635	3,799	4,435	0.029 +	0.013 +
Detroit	16,683	14,065	19,445	14,732	20,025	19,012	17,212	15,291	16,031	16,573	15,572	14,690	0.609	0.331
Los Angeles - Long Beach	16,417	16,804	17,321	16,102	17,182	18,054	15,454	14,250	13,734	16,085	17,684	19,284	0.315	0.138
Miami - Hialeah	4,645	4,738	5,155	4,932	4,849	5,078	5,288	4,970	5,271	5,485	5,745	6,416	0.196	0.139
Minneapolis - St. Paul	4,616	4,414	4,300	4,042	4,570	4,594	4,887	4,497	4,276	3,874	4,482	4,484	0.993	0.029 +
New Orleans	4,576	4,883	5,044	6,090	5,490	5,550	4,775	4,949	5,155	4,507	4,575	4,335	0.054	0.247
New York	31,952	32,248	31,401	31,060	33,704	31,919	30,505	29,760	28,922	29,447	24,949	25,653	0.494	0.050 -
Newark	8,053	8,476	9,526	9,770	9,942	8,075	7,034	8,004	7,876	7,308	6,948	7,033	0.698	0.434
Philadelphia	14,867	16,850	18,722	18,252	19,108	19,693	21,016	21,844	23,102	22,524	22,807	22,877	0.960	0.897
Phoenix	5,325	6,238	7,043	6,169	6,536	5,999	6,354	6,309	6,390	5,902	7,004	7,057	0.465	0.000 +
St. Louis	5,409	5,612	5,693	4,681	5,414	5,626	4,977	5,343	5,317	5,395	5,926	5,772	0.763	0.570
San Diego	4,482	4,219	4,188	3,994	5,061	5,144	5,493	6,381	6,331	5,859	5,605	6,444	0.000 +	0.010 +
San Francisco	7,505	10,071	7,812	7,729	7,107	7,118	6,612	6,884	6,392	6,138	5,888	6,826	0.001 +	0.054
Seattle	8,442	8,731	7,520	6,588	7,105	6,638	8,723	9,506	7,795	6,133	6,413	7,448	0.000 +	0.000 +
Washington, DC	11,742	13,480	10,860	9,035	9,929	9,886	9,501	9,474	9,828	9,240	8,387	8,560	0.697	0.107
National Panel	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	300,950	287,360	0.764	0.601

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 6 - Estimated number of emergency department drug mentions, by metropolitan area by year: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**751,731**	**796,762**	**900,317**	**901,206**	**907,561**	**943,937**	**982,856**	**1,015,206**	**0.488**	**0.245**
Atlanta	17,696	14,766	21,362	22,319	19,108	16,191	20,218	19,501	0.541	0.398
Baltimore	22,806	23,185	26,897	27,121	27,085	22,063	23,550	24,785	0.038 +	0.111
Boston	22,679	23,102	28,231	30,097	24,932	22,420	24,893	21,224	0.088	0.782
Buffalo	3,246	4,376	5,069	4,873	6,685	5,286	4,935	4,929	0.989	0.609
Chicago	30,532	31,352	37,273	38,437	42,439	50,529	48,375	47,889	0.741	0.483
Dallas	7,213	8,624	9,360	9,655	9,178	11,452	13,419	11,466	0.185	0.993
Denver	6,338	6,367	8,417	8,226	5,916	7,538	7,179	8,234	0.007 +	0.170
Detroit	28,378	35,715	30,748	34,177	39,037	32,503	32,604	30,263	0.312	0.545
Los Angeles - Long Beach	33,723	35,564	33,221	33,423	35,236	29,703	29,820	36,969	0.036 +	0.067
Miami - Hialeah	7,813	8,704	9,383	10,087	9,926	10,258	10,756	12,160	0.123	0.006 +
Minneapolis - St. Paul	7,737	8,756	9,030	8,342	9,164	9,383	8,150	8,966	0.035 +	0.642
New Orleans	9,873	8,225	9,459	11,134	11,040	9,724	9,662	8,911	0.008 -	0.062
New York	65,648	65,375	64,199	62,461	65,623	60,265	58,368	50,602	0.060	0.079
Newark	14,843	15,928	16,529	19,296	18,017	15,038	15,185	13,981	0.036 -	0.073
Philadelphia	35,817	34,994	31,717	36,974	38,801	42,860	45,626	45,685	0.990	0.576
Phoenix	10,074	10,010	11,563	13,211	12,534	12,663	12,292	14,061	0.000 +	0.000 +
St. Louis	7,610	6,807	11,021	10,374	11,040	10,320	10,712	11,698	0.263	0.251
San Diego	10,291	9,033	8,701	8,182	10,205	11,874	12,190	12,050	0.721	0.591
San Francisco	15,436	17,538	17,576	15,541	14,224	13,495	12,530	12,714	0.738	0.027 -
Seattle	10,353	12,126	17,173	14,108	13,743	18,228	13,927	13,861	0.974	0.364
Washington, DC	18,329	21,692	25,222	19,896	19,815	18,975	19,068	16,947	0.001 -	0.389
National Panel	365,297	394,524	468,167	463,272	463,815	513,169	549,397	588,310	0.397	0.211

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 7 - Estimated number of emergency department cocaine mentions, by metropolitan area by half year: First half 1994 - second half 1999

COCAINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**68,443**	**74,435**	**73,183**	**62,618**	**71,435**	**80,998**	**78,722**	**82,365**	**85,760**	**86,253**	**79,582**	**89,182**	**0.026 +**	**0.654**
Atlanta	2,665	3,500	3,384	3,130	2,685	2,749	2,227	2,016	3,127	2,853	2,453	2,783	0.075	0.780
Baltimore	4,297	4,585	4,700	3,903	4,021	4,495	3,212	3,041	3,167	3,704	3,449	3,472	0.543	0.073
Boston	1,958	2,757	2,945	2,322	2,166	1,942	1,661	1,672	2,051	2,475	1,722	1,838	0.108	0.000 -
Buffalo	564	643	614	721	1,092	1,111	884	642	610	615	494	624	0.005 +	0.883
Chicago	4,839	5,958	6,003	4,699	5,734	6,954	7,100	7,273	6,883	6,757	6,150	7,248	0.010 +	0.191
Dallas	692	733	752	704	690	702	819	959	1,262	1,324	1,011	1,097	0.065	0.066
Denver	700	599	656	493	406	405	492	581	502	653	658	724	0.192	0.271
Detroit	4,585	3,379	5,420	3,347	5,255	5,180	4,489	3,604	4,172	4,445	3,785	3,914	0.750	0.267
Los Angeles - Long Beach	2,548	2,522	2,663	2,322	2,748	2,962	2,295	2,413	2,629	3,154	3,186	3,586	0.177	0.330
Miami - Hialeah	1,313	1,428	1,552	1,526	1,488	1,615	1,638	1,616	1,768	1,785	1,872	2,146	0.170	0.172
Minneapolis - St. Paul	252	327	237	229	301	375	359	377	394	378	407	407	1.000	0.551
New Orleans	967	917	863	1,154	1,078	1,302	1,177	1,186	1,305	1,091	1,082	1,058	0.476	0.160
New York	10,084	10,130	9,915	9,808	11,070	10,522	10,233	9,969	9,989	9,560	7,386	7,413	0.930	0.009 -
Newark	1,996	2,231	2,314	2,345	2,369	2,067	1,627	1,944	1,908	1,835	1,553	1,571	0.730	0.004 -
Philadelphia	4,064	4,382	4,875	4,627	4,915	5,470	5,404	5,798	6,624	6,425	6,207	6,227	0.965	0.815
Phoenix	499	568	667	498	651	731	675	659	749	737	864	1,017	0.000 +	0.000 +
St. Louis	1,154	1,175	1,108	734	877	975	707	787	1,017	1,056	1,180	1,149	0.754	0.349
San Diego	384	285	322	322	405	501	394	452	462	509	423	640	0.000 +	0.003 +
San Francisco	1,288	1,835	1,296	1,264	1,155	1,160	992	987	912	930	776	1,160	0.000 +	0.004 +
Seattle	1,380	1,517	1,211	946	1,128	1,015	1,267	1,583	1,261	1,139	1,089	1,431	0.000 +	0.000 +
Washington, DC	2,162	2,688	2,025	1,517	1,954	1,927	1,604	1,619	1,892	1,826	1,472	1,678	0.009 +	0.039 -
National Panel	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	32,363	37,998	0.179	0.429

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 8 - Estimated number of emergency department cocaine mentions, by metropolitan area by year: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**119,843**	**123,423**	**142,878**	**135,801**	**152,433**	**161,087**	**172,014**	**168,763**	**0.767**	**0.573**
Atlanta	5,118	4,384	6,165	6,515	5,434	4,244	5,980	5,236	0.088	0.244
Baltimore	8,078	7,643	8,882	8,603	8,515	6,253	6,871	6,921	0.810	0.253
Boston	4,266	3,912	4,715	5,267	4,109	3,333	4,526	3,560	0.019 -	0.792
Buffalo	644	974	1,207	1,334	2,203	1,526	1,225	1,119	0.159	0.055
Chicago	8,214	8,640	10,797	10,702	12,688	14,373	13,640	13,399	0.593	0.384
Dallas	1,221	1,345	1,426	1,457	1,393	1,778	2,586	2,107	0.028 -	0.169
Denver	838	968	1,299	1,149	811	1,072	1,154	1,382	0.007 +	0.000 +
Detroit	6,939	8,991	7,964	8,767	10,435	8,093	8,617	7,699	0.143	0.748
Los Angeles - Long Beach	5,337	5,362	5,070	4,985	5,710	4,707	5,783	6,772	0.128	0.022 +
Miami - Hialeah	1,940	2,662	2,742	3,078	3,104	3,254	3,553	4,018	0.134	0.000 +
Minneapolis - St. Paul	449	457	578	465	675	736	773	814	0.462	0.165
New Orleans	2,847	1,686	1,884	2,018	2,380	2,363	2,396	2,140	0.001 -	0.019 -
New York	20,414	21,085	20,214	19,724	21,592	20,202	19,549	14,799	0.011 -	0.013 -
Newark	4,017	3,825	4,228	4,658	4,436	3,571	3,743	3,124	0.000 -	0.007 -
Philadelphia	10,986	9,943	8,446	9,502	10,384	11,202	13,049	12,434	0.662	0.408
Phoenix	908	838	1,067	1,165	1,382	1,334	1,486	1,882	0.000 +	0.000 +
St. Louis	1,445	1,220	2,329	1,841	1,852	1,494	2,073	2,329	0.089	0.065
San Diego	1,149	869	668	644	906	846	971	1,063	0.189	0.001 +
San Francisco	2,760	3,035	3,123	2,560	2,315	1,979	1,843	1,936	0.456	0.475
Seattle	1,446	1,760	2,896	2,157	2,143	2,850	2,399	2,520	0.786	0.721
Washington, DC	4,236	4,275	4,849	3,542	3,881	3,223	3,718	3,150	0.000 -	0.693
National Panel	26,591	29,550	42,330	35,668	46,085	62,654	66,078	70,361	0.686	0.555

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 9 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by half year: First half 1994 - second half 1999

HEROIN/MORPHINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**30,036**	**33,977**	**35,500**	**35,339**	**35,198**	**38,648**	**35,352**	**36,658**	**38,553**	**39,092**	**38,565**	**45,843**	**0.000 +**	**0.017 +**
Atlanta	197	260	219	205	216	198	179	220	229	254	206	226	0.213	0.442
Baltimore	3,394	4,116	4,221	4,001	3,944	4,166	3,035	2,838	3,019	3,706	3,510	3,503	0.874	0.176
Boston	945	1,582	1,594	1,377	1,337	1,415	1,278	1,239	1,366	1,390	1,366	1,508	0.009 +	0.521
Buffalo	140	215	155	230	222	227	208	263	228	317	248	278	0.462	0.022 -
Chicago	2,283	2,505	2,243	2,482	2,628	3,654	3,959	4,674	4,529	4,853	4,675	5,050	0.349	0.623
Dallas	108	128	148	129	163	184	256	261	262	250	209	235	0.172	0.739
Denver	219	276	228	241	201	143	193	283	256	253	310	341	0.371	0.022 +
Detroit	1,130	975	1,343	1,058	1,614	1,600	1,584	1,462	1,437	1,464	1,268	1,410	0.222	0.779
Los Angeles - Long Beach	1,464	1,485	1,422	1,665	1,734	1,570	1,350	1,182	1,223	1,408	1,457	1,499	0.755	0.539
Miami - Hialeah	129	135	180	156	160	231	280	319	365	408	455	465	0.814	0.055
Minneapolis - St. Paul	41	37	48	58	49	78	83	88	93	84	100	107	0.721	0.209
New Orleans	83	114	107	167	135	173	219	212	269	265	286	377	0.000 +	0.000 +
New York	5,561	5,624	5,288	5,440	5,677	5,490	4,898	4,593	4,626	4,618	4,163	5,169	0.032 +	0.465
Newark	2,137	2,361	2,696	2,989	2,978	2,414	1,861	2,506	2,577	2,502	2,303	2,433	0.172	0.656
Philadelphia	1,029	1,411	1,877	2,002	1,955	1,985	1,738	2,079	1,672	1,914	1,955	2,197	0.428	0.549
Phoenix	246	236	232	258	290	345	414	418	474	419	407	470	0.000 +	0.056
St. Louis	216	192	206	188	243	259	253	219	304	341	414	462	0.068	0.000 +
San Diego	368	327	305	386	560	421	419	508	493	517	522	590	0.179	0.142
San Francisco	1,514	2,040	1,500	1,640	1,582	1,575	1,425	1,327	1,340	1,046	1,222	1,852	0.000 +	0.000 +
Seattle	995	1,098	948	1,086	1,247	1,195	1,403	1,519	1,291	1,148	1,188	1,300	0.115	0.049 +
Washington, DC	505	755	668	640	692	843	827	864	1,057	1,055	875	919	0.189	0.000 -
National Panel	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,426	15,455	0.014 +	0.084

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 10 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by year: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**48,003**	**63,232**	**64,013**	**70,838**	**73,846**	**72,010**	**77,645**	**84,409**	**0.191**	**0.073**
Atlanta	232	250	456	424	414	400	483	432	0.236	0.652
Baltimore	5,106	5,719	7,510	8,222	8,111	5,873	6,725	7,013	0.170	0.041 +
Boston	2,061	2,319	2,527	2,971	2,751	2,517	2,756	2,874	0.793	0.511
Buffalo	172	279	355	385	448	471	545	525	0.331	0.000 +
Chicago	2,958	3,581	4,787	4,725	6,282	8,633	9,383	9,725	0.451	0.337
Dallas	276	297	237	276	347	516	512	444	0.441	0.625
Denver	123	276	495	470	344	476	509	651	0.004 +	0.001 +
Detroit	1,843	2,380	2,106	2,401	3,214	3,046	2,901	2,678	0.384	0.481
Los Angeles - Long Beach	2,944	3,724	2,949	3,088	3,305	2,532	2,631	2,955	0.147	0.167
Miami - Hialeah	181	251	264	336	391	599	772	921	0.006 +	0.000 +
Minneapolis - St. Paul	94	138	78	106	127	170	177	207	0.113	0.154
New Orleans	152	140	197	274	308	431	534	664	0.000 +	0.000 +
New York	8,382	11,351	11,185	10,728	11,167	9,491	9,244	9,331	0.947	0.920
Newark	2,868	4,526	4,498	5,686	5,392	4,367	5,080	4,736	0.116	0.272
Philadelphia	2,364	2,478	2,440	3,879	3,941	3,817	3,586	4,152	0.462	0.714
Phoenix	324	487	483	490	635	832	893	877	0.831	0.420
St. Louis	204	215	408	394	502	472	644	876	0.000 +	0.007 +
San Diego	1,022	842	695	691	982	927	1,011	1,112	0.093	0.022 +
San Francisco	3,131	3,694	3,555	3,139	3,157	2,751	2,386	3,074	0.000 +	0.000 +
Seattle	1,100	1,727	2,092	2,034	2,442	2,922	2,439	2,488	0.902	0.612
Washington, DC	1,512	1,414	1,261	1,307	1,535	1,691	2,112	1,794	0.000 -	0.232
National Panel	10,956	17,146	15,437	18,813	18,052	19,074	22,323	26,880	0.352	0.227

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 11 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by half year: First half 1994 - second half 1999

MARIJUANA/HASHISH

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**19,078**	**21,105**	**24,277**	**20,994**	**24,892**	**28,897**	**32,402**	**32,343**	**37,883**	**38,987**	**43,109**	**44,041**	**0.866**	**0.328**
Atlanta	637	890	832	839	692	855	770	808	1,410	1,223	1,185	1,331	0.330	0.452
Baltimore	364	405	393	552	507	686	689	713	708	788	801	878	0.000 +	0.015 +
Boston	812	1,059	1,277	1,122	1,091	1,036	921	847	1,484	1,423	967	994	0.754	0.004 -
Buffalo	108	122	100	195	271	241	275	197	206	246	225	268	0.389	0.632
Chicago	984	1,236	1,524	1,396	1,652	1,881	2,060	2,364	2,607	2,395	2,277	2,284	0.972	0.563
Dallas	242	235	247	308	294	262	435	481	761	752	615	561	0.412	0.176
Denver	211	195	313	183	147	141	215	290	293	287	292	389	0.001 +	0.002 +
Detroit	1,511	1,338	2,089	1,785	2,234	1,981	1,853	1,892	2,049	2,286	2,254	1,846	0.140	0.099
Los Angeles - Long Beach	890	768	899	807	1,031	1,101	1,061	1,023	1,345	2,079	2,518	2,955	0.466	0.256
Miami - Hialeah	318	393	478	491	503	513	565	465	564	555	576	709	0.015 +	0.034 +
Minneapolis - St. Paul	252	230	232	237	286	259	309	296	241	250	309	318	0.858	0.258
New Orleans	460	425	426	599	558	688	636	709	714	482	545	500	0.029 -	0.423
New York	1,181	1,408	1,516	1,460	1,723	1,848	1,942	1,901	1,988	1,696	1,799	1,692	0.328	0.975
Newark	268	360	413	331	346	281	249	251	266	266	313	220	0.002 -	0.061
Philadelphia	930	1,154	1,554	1,508	1,689	1,747	2,164	2,392	2,835	2,475	2,841	2,624	0.372	0.683
Phoenix	159	294	279	196	334	276	357	384	385	340	548	479	0.005 -	0.000 +
St. Louis	...	458	521	340	418	507	521	588	693	645	865	775	0.419	0.439
San Diego	273	240	229	251	285	341	456	514	609	518	409	513	0.000 +	0.850
San Francisco	231	248	259	247	232	193	195	195	206	188	164	306	0.000 +	0.000 +
Seattle	394	476	534	459	479	417	773	890	569	366	409	398	0.000 -	0.000 +
Washington, DC	1,193	1,519	1,092	943	1,090	1,077	1,169	1,225	1,121	1,241	1,210	1,308	0.703	0.827
National Panel	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	21,988	22,691	0.897	0.404

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 12 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by year: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**23,997**	**28,873**	**40,183**	**45,271**	**53,789**	**64,744**	**76,870**	**87,150**	**0.108**	**0.009 +**
Atlanta	957	849	1,527	1,671	1,547	1,578	2,633	2,515	0.716	0.198
Baltimore	672	625	770	945	1,194	1,402	1,495	1,679	0.014 +	0.219
Boston	1,006	1,185	1,870	2,400	2,127	1,768	2,907	1,961	0.014 -	0.798
Buffalo	64	138	230	295	512	472	453	493	0.232	0.824
Chicago	1,488	1,366	2,219	2,919	3,533	4,424	5,002	4,561	0.053	0.727
Dallas	341	367	477	555	556	916	1,513	1,176	0.168	0.169
Denver	232	202	406	497	288	505	579	681	0.092	0.031 +
Detroit	1,487	2,716	2,849	3,875	4,215	3,746	4,335	4,100	0.383	0.470
Los Angeles - Long Beach	1,331	1,745	1,658	1,706	2,132	2,084	3,423	5,473	0.119	0.093
Miami - Hialeah	364	472	711	969	1,015	1,030	1,118	1,285	0.136	0.026 +
Minneapolis - St. Paul	276	391	482	469	544	604	491	627	0.031 +	0.738
New Orleans	491	610	885	1,025	1,247	1,345	1,196	1,044	0.003 -	0.001 -
New York	2,004	2,092	2,589	2,976	3,571	3,842	3,684	3,491	0.559	0.400
Newark	396	436	628	743	627	500	532	533	0.974	0.296
Philadelphia	1,648	1,955	2,085	3,061	3,436	4,556	5,310	5,465	0.767	0.172
Phoenix	171	226	453	474	610	741	726	1,028	0.000 +	0.014 +
St. Louis	216	155	901	861	925	1,109	1,338	1,640	0.247	0.021 +
San Diego	416	479	513	480	626	970	1,127	923	0.001 -	0.336
San Francisco	278	451	479	507	425	390	394	470	0.139	0.004 +
Seattle	342	406	870	993	897	1,663	936	808	0.503	0.141
Washington, DC	1,259	2,102	2,712	2,035	2,167	2,394	2,362	2,518	0.691	0.836
National Panel	8,557	9,905	14,868	15,814	21,596	28,705	35,316	44,679	0.129	0.049 +

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 13 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by half year: First half 1994 - second half 1999

METHAMPHETAMINE/SPEED

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**7,824**	**9,841**	**9,678**	**6,257**	**4,197**	**6,805**	**8,218**	**8,936**	**6,534**	**4,957**	**4,730**	**5,717**	**0.212**	**0.335**
Atlanta	49	51	58	89	39	96	85	129	94	67	31	52	0.014 +	0.511
Baltimore	1	3	3	1	3	3	4	3	...	4	5	5	1.000	0.026 +
Boston	2	1	...	6	...	...	4	9	3	3	8	...	...	...
Buffalo	7	1	4	...	8	1	6	...	2	7	6	1	0.000 -	0.000 -
Chicago	8	11	28	6	17	11	10	19	16	18	10	12	0.609	0.431
Dallas	62	92	124	78	53	62	77	82	118	67	58	42	0.000 -	0.068
Denver	57	88	100	77	45	59	149	143	66	53	28	73	0.000 +	0.079
Detroit	11	...	...	...	4	...	...	0	0	0	1	...	...	...
Los Angeles - Long Beach	677	722	813	464	575	694	596	633	418	368	414	496	0.020 +	0.023 +
Miami - Hialeah	1	7	1	4	5	4	2	8	7	9	...	6	...	0.000 -
Minneapolis - St. Paul	37	27	57	36	49	59	110	...	68	43	57	55	0.891	0.518
New Orleans	2	10	7	11	10	12	9	17	13	12	9	14	0.000 +	0.028 +
New York	11	9	14	...	6	15	13	...	17	19	13	4	0.076	0.005 -
Newark	...	...	...	0	1	...	0	...	...	...	1	...	...	...
Philadelphia	58	34	25	65	19	47	58	43	17	31	17	30	0.029 +	0.912
Phoenix	379	434	454	324	397	328	461	339	294	152	147	194	0.018 +	0.008 +
St. Louis	28	25	58	18	...	23	23	43	30	...	44	60	0.090	...
San Diego	486	427	413	272	288	378	418	558	421	300	260	324	0.001 +	0.380
San Francisco	475	782	622	484	403	531	484	528	385	232	251	303	0.003 +	0.007 +
Seattle	126	172	181	79	72	123	212	267	160	106	150	203	0.000 +	0.000 +
Washington, DC	1	32	...	10	...	6	...	...	10	6	...	29	...	0.066
National Panel	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,211	3,799	0.456	0.628

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 14 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by year: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**6,563**	**9,926**	**17,665**	**15,936**	**11,002**	**17,154**	**11,491**	**10,447**	**0.389**	**0.002 -**
Atlanta	21	55	101	147	135	214	162	83	0.004 -	0.020 -
Baltimore	8	5	4	4	6	7	6	10	0.003 +	0.053
Boston	12	15	3	7	...	13	6	12	0.302	0.863
Buffalo	1	7	8	6	9	8	9	7	0.000 -	0.334
Chicago	12	20	20	34	28	29	33	22	0.161	0.358
Dallas	68	79	154	203	115	159	186	100	0.000 -	0.058
Denver	31	55	145	176	105	292	120	101	0.200	0.000 -
Detroit	10	24	17	15	...	...	0	...	...	...
Los Angeles - Long Beach	828	1,226	1,400	1,276	1,268	1,229	786	910	0.052	0.020 -
Miami - Hialeah	6	4	8	5	9	10	16	9	0.002 -	0.646
Minneapolis - St. Paul	42	42	64	93	108	217	112	112	1.000	0.041 -
New Orleans	18	10	12	18	22	26	25	23	0.161	0.286
New York	20	16	21	23	21	32	36	17	0.023 -	0.116
Newark	11	1	...	...	...	...	...	3	...	...
Philadelphia	142	110	92	91	66	101	48	47	0.918	0.167
Phoenix	279	481	813	777	725	800	446	341	0.036 -	0.000 -
St. Louis	15	29	52	76	39	67	66	104	0.000 +	0.062
San Diego	931	929	913	686	666	976	721	584	0.017 -	0.000 -
San Francisco	688	992	1,258	1,106	934	1,012	616	554	0.300	0.000 -
Seattle	99	177	299	260	195	479	266	353	0.000 +	0.079
Washington, DC	7	20	33	24	11	...	16	33	0.217	...
National Panel	3,315	5,628	12,245	10,906	6,499	11,454	7,810	7,010	0.507	0.041 -

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 15 - Estimated number of total emergency department visits, by metropolitan area by half year: First half 1994 - second half 1999

TOTAL ED VISITS**

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.	**44,439**	**45,190**	**44,027**	**44,521**	**45,314**	**45,876**	**44,342**	**45,378**	**44,309**	**45,374**	**45,389**	**45,710**	**0.000 +**	**0.000 +**
Atlanta	541	588	545	585	564	561	507	534	511	521	504	522	0.000 +	0.911
Baltimore	408	418	414	423	429	436	434	440	463	468	490	480	0.000 -	0.000 +
Boston	818	861	797	804	834	880	784	784	770	786	749	769	0.000 +	0.000 -
Buffalo	158	166	150	151	145	149	132	136	127	144	143	145	0.000 +	0.000 +
Chicago	1,063	1,082	1,093	1,123	1,095	1,109	1,071	1,126	1,049	1,092	1,083	1,122	0.000 +	0.000 +
Dallas	409	417	416	427	417	419	449	438	462	452	452	453	0.000 +	0.990
Denver	223	225	228	237	230	216	216	223	212	214	249	272	0.000 +	0.000 +
Detroit	722	713	752	761	746	791	729	720	724	737	743	739	0.000 -	0.000 +
Los Angeles - Long Beach	1,158	1,218	1,115	1,123	1,177	1,158	1,068	1,165	1,024	1,118	1,132	1,175	0.000 +	0.000 +
Miami - Hialeah	307	300	309	313	318	314	329	339	354	346	353	353	0.000 +	0.000 +
Minneapolis - St. Paul	273	288	336	347	346	345	335	347	330	331	341	362	0.000 +	0.000 +
New Orleans	280	285	287	288	297	306	285	291	289	274	298	287	0.000 -	0.000 +
New York	1,641	1,715	1,599	1,597	1,829	1,795	1,735	1,698	1,672	1,799	1,704	1,722	0.000 +	0.003 -
Newark	331	347	347	355	332	349	321	328	340	357	362	358	0.000 -	0.000 +
Philadelphia	804	815	828	829	821	836	807	831	826	865	843	868	0.000 +	0.000 +
Phoenix	322	323	348	352	384	347	348	342	372	345	384	381	0.000 -	0.000 +
St. Louis	460	457	440	429	445	436	409	433	422	397	442	434	0.000 -	0.000 +
San Diego	264	256	243	260	291	284	291	295	298	313	317	340	0.000 +	0.000 +
San Francisco	287	291	238	243	252	243	239	241	256	257	274	284	0.000 +	0.000 +
Seattle	353	349	279	291	309	290	283	299	279	271	280	284	0.000 +	0.000 +
Washington, DC	587	608	582	594	535	555	536	541	552	560	563	565	0.000 +	0.000 +
National Panel	33,030	33,468	32,681	32,989	33,518	34,059	33,036	33,829	32,977	33,725	33,685	33,795	0.000 +	0.000 +

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 16 - Estimated number of total emergency department visits, by metropolitan area by year: 1992-1999

TOTAL ED VISITS**

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**85,944**	**87,651**	**89,629**	**88,548**	**91,189**	**89,720**	**89,683**	**91,100**	**0.000 +**	**0.000 +**
Atlanta	1,046	1,096	1,129	1,129	1,125	1,041	1,032	1,026	0.755	0.666
Baltimore	790	827	825	838	865	873	931	970	0.000 +	0.000 +
Boston	1,749	1,746	1,679	1,601	1,714	1,568	1,556	1,518	0.000 -	0.000 -
Buffalo	346	333	324	300	294	268	272	288	0.000 +	0.000 +
Chicago	2,197	2,060	2,145	2,216	2,204	2,197	2,141	2,204	0.000 +	0.000 +
Dallas	757	796	826	843	835	886	914	904	0.932	0.874
Denver	469	486	448	464	446	439	426	521	0.000 +	0.000 +
Detroit	1,507	1,568	1,435	1,513	1,537	1,449	1,461	1,481	0.000 +	0.000 +
Los Angeles - Long Beach	2,296	2,419	2,376	2,237	2,335	2,233	2,142	2,307	0.000 +	0.000 +
Miami - Hialeah	565	571	607	622	632	668	700	706	0.000 +	0.000 +
Minneapolis - St. Paul	623	630	561	683	691	683	661	703	0.000 +	0.000 +
New Orleans	521	535	566	575	603	576	563	585	0.000 +	0.000 +
New York	3,233	3,210	3,356	3,196	3,624	3,432	3,472	3,426	0.372	0.912
Newark	617	670	679	702	681	649	697	720	0.000 +	0.000 +
Philadelphia	1,827	1,752	1,619	1,657	1,657	1,638	1,691	1,711	0.000 +	0.000 +
Phoenix	631	645	645	701	732	690	717	765	0.000 +	0.000 +
St. Louis	789	894	917	869	880	841	819	876	0.000 +	0.000 +
San Diego	614	618	520	504	575	586	611	657	0.000 +	0.000 +
San Francisco	543	589	578	481	495	479	513	558	0.000 +	0.000 +
Seattle	652	697	702	570	599	582	550	564	0.000 +	0.000 -
Washington, DC	1,048	1,156	1,195	1,176	1,090	1,077	1,112	1,129	0.000 +	0.000 +
National Panel	63,124	64,354	66,498	65,670	67,577	66,864	66,702	67,481	0.000 +	0.000 +

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 17 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1994 - second half 1999

DRUG EPISODES

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.* **	**252,625**	**265,896**	**270,855**	**242,777**	**251,672**	**262,675**	**265,194**	**261,864**	**271,903**	**270,641**	**278,304**	**276,628**	**0.942**	**0.638**
AGE														
6-34	158,735	166,198	165,408	144,530	150,391	152,993	155,293	151,416	154,273	147,687	149,497	145,307	0.720	0.729
12-17	31,498	28,974	32,604	28,118	33,383	30,566	33,126	28,312	32,496	26,591	29,019	23,764	0.021 -	0.069
18-25	54,393	57,868	54,238	49,471	47,928	50,697	52,641	52,006	50,798	52,640	54,114	55,466	0.798	0.421
26-34	72,398	78,797	77,881	66,123	68,461	71,174	68,917	69,981	70,484	67,999	65,730	65,526	0.967	0.468
35+	91,698	98,447	104,781	97,536	100,825	109,280	108,947	109,683	116,837	122,335	128,415	130,903	0.831	0.187
GENDER														
Male	125,998	137,336	135,680	120,457	122,807	134,851	136,327	133,638	141,162	140,193	145,346	146,739	0.921	0.405
Female	124,538	125,795	132,477	119,685	125,878	125,194	126,468	125,761	127,820	128,410	130,506	127,573	0.754	0.885
RACE/ETHNICITY														
White	135,083	144,229	145,154	132,484	134,980	139,078	143,733	140,509	145,650	149,796	158,642	151,430	0.722	0.877
Black	68,527	72,645	74,541	64,848	65,063	70,269	68,043	66,853	69,304	67,177	64,342	68,642	0.227	0.741
Hispanic	24,552	25,886	25,830	21,531	26,446	28,586	26,454	26,253	30,084	27,078	27,683	29,208	0.365	0.333
Other race	3,099	2,951	3,089	2,447	3,201	2,819	3,107	2,990	2,809	2,574	2,425	3,160	0.025 +	0.153
Race unknown	21,365	20,185	22,241	21,468	21,982	21,923	23,856	25,259	24,055	24,017	25,212	24,188	0.674	0.924
FACILITY LOCATION														
Central city	82,369	87,900	89,537	81,834	85,920	86,007	81,984	81,597	82,642	83,018	78,640	83,826	0.000 +	0.680
Outside central city	39,031	43,032	42,430	39,157	41,373	40,393	40,635	40,461	41,432	40,428	39,756	39,456	0.799	0.590
National Panel	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	159,908	153,346	0.775	0.620
DRUG USE MOTIVE														
Recreational use	19,963	23,985	23,593	22,614	23,536	30,336	29,082	26,993	27,515	29,520	30,502	35,849	0.086	0.194
Dependence	79,301	86,240	88,295	75,696	80,971	86,499	87,460	91,101	92,671	96,422	99,613	103,079	0.771	0.175
Suicide	99,775	99,997	104,401	96,718	95,668	95,742	99,635	91,847	98,216	91,681	91,489	83,368	0.412	0.175
Other/unknown motive	53,586	55,674	54,566	47,749	51,497	50,098	49,017	51,924	53,500	53,018	56,699	54,332	0.551	0.731
REASONS FOR ED CONTACT														
Unexpected reaction	31,189	35,406	31,284	26,098	28,940	32,963	35,504	33,183	34,218	36,962	35,024	43,317	0.024 +	0.086
Overdose	132,232	137,341	141,373	130,349	127,055	125,860	128,330	116,594	127,490	117,674	116,361	115,922	0.943	0.778
Chronic effects	26,904	29,106	33,188	26,978	26,987	26,480	24,116	25,157	25,717	24,393	25,075	24,870	0.906	0.740
Seeking detox	25,058	27,155	26,545	23,938	28,388	31,535	32,226	35,662	35,618	37,425	34,252	38,708	0.059	0.741
Withdrawal	7,233	6,791	8,161	6,965	7,223	7,790	6,984	8,193	8,320	9,659	14,011	11,899	0.742	0.180
Other/unknown reason	30,008	30,097	30,305	28,449	33,079	38,047	38,034	43,076	40,540	44,528	53,582	41,911	0.360	0.584

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 18 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**433,493**	**460,910**	**518,521**	**513,633**	**514,347**	**527,058**	**542,544**	**554,932**	**0.610**	**0.373**
AGE										
6-34	277,887	288,332	324,933	309,937	303,384	306,709	301,960	294,804	0.551	0.450
12-17	46,822	50,039	60,472	60,722	63,949	61,437	59,086	52,783	0.009 -	0.008 -
18-25	96,307	98,276	112,262	103,708	98,625	104,647	103,438	109,580	0.280	0.509
26-34	133,506	138,634	151,195	144,003	139,634	138,897	138,483	131,256	0.240	0.329
35+	154,570	171,257	190,145	202,316	210,105	218,630	239,172	259,318	0.122	0.014 +
GENDER										
Male	219,607	231,721	263,334	256,137	257,658	269,965	281,355	292,085	0.505	0.278
Female	210,051	224,526	250,333	252,162	251,072	252,229	256,230	258,079	0.842	0.630
RACE/ETHNICITY										
White	235,643	245,243	279,312	277,637	274,057	284,242	295,447	310,072	0.437	0.298
Black	122,880	126,929	141,171	139,389	135,332	134,896	136,481	132,983	0.669	0.840
Hispanic	42,174	48,233	50,438	47,360	55,032	52,707	57,162	56,891	0.938	0.569
Other race	4,892	5,844	6,050	5,536	6,020	6,097	5,382	5,585	0.709	0.471
Race unknown	27,905	34,660	41,550	43,709	43,905	49,115	48,072	49,401	0.723	0.964
FACILITY LOCATION										
Central city	158,892	162,210	170,269	171,372	171,926	163,581	165,660	162,466	0.436	0.864
Outside central city	70,445	74,542	82,063	81,587	81,766	81,096	81,860	79,212	0.298	0.602
National Panel	204,155	223,256	266,189	260,674	260,654	282,380	295,023	313,254	0.446	0.314
DRUG USE MOTIVE										
Recreational use	35,008	36,421	43,948	46,207	53,873	56,075	57,035	66,351	0.183	0.142
Dependence	135,280	144,152	165,541	163,991	167,470	178,561	189,094	202,692	0.312	0.183
Suicide	172,403	180,212	199,773	201,120	191,410	191,481	189,897	174,857	0.048 -	0.135
Other/unknown motive	90,801	100,125	109,259	102,315	101,595	100,941	106,518	111,031	0.512	0.234
REASONS FOR ED CONTACT										
Unexpected reaction	52,588	54,569	66,595	57,382	61,902	68,687	71,180	78,342	0.115	0.110
Overdose	232,674	243,765	269,573	271,722	252,915	244,924	245,164	232,283	0.112	0.179
Chronic effects	46,865	50,180	56,010	60,166	53,467	49,273	50,110	49,945	0.963	0.883
Seeking detox	44,815	47,398	52,213	50,483	59,923	67,888	73,043	72,960	0.991	0.678
Withdrawal	9,851	11,125	14,025	15,127	15,013	15,176	17,979	25,910	0.176	0.102
Other/unknown reason	46,700	53,872	60,105	58,754	71,127	81,110	85,068	95,493	0.330	0.325

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 19 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1994 - second half 1999

DRUG MENTIONS

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.* **	**438,398**	**461,919**	**471,933**	**429,273**	**442,932**	**464,630**	**473,220**	**470,716**	**492,116**	**490,741**	**509,909**	**505,297**	**0.920**	**0.580**
AGE														
6-34	272,779	282,465	282,169	250,727	257,923	267,326	271,389	268,280	273,532	262,805	268,460	262,343	0.789	0.974
12-17	49,404	44,250	50,506	42,536	50,145	46,514	52,456	46,170	51,860	43,435	45,594	37,618	0.032 -	0.024 -
18-25	93,038	98,233	92,590	86,061	81,437	89,945	92,600	93,133	91,489	93,065	97,708	100,656	0.766	0.278
26-34	129,779	139,345	138,235	121,140	125,525	130,138	125,315	127,637	129,651	125,758	124,288	123,390	0.933	0.748
35+	162,871	177,748	188,693	177,294	184,247	196,454	200,310	201,077	217,120	226,812	240,798	242,198	0.953	0.259
GENDER														
Male	223,271	239,186	239,965	214,214	219,983	242,521	244,437	242,043	258,370	256,971	266,743	269,961	0.908	0.430
Female	211,479	217,633	227,283	210,470	217,656	217,617	224,909	224,458	228,763	230,246	238,650	230,966	0.683	0.951
RACE/ETHNICITY														
White	240,915	260,311	260,361	243,975	243,698	253,185	265,068	260,410	273,988	282,330	301,813	288,433	0.742	0.792
Black	117,266	123,184	129,976	110,427	112,470	121,325	118,566	117,978	122,088	116,961	113,673	121,146	0.260	0.590
Hispanic	39,737	40,848	40,497	34,493	44,629	48,745	44,889	46,466	51,553	47,185	48,178	49,557	0.639	0.512
Other race	5,133	4,725	4,944	4,026	5,545	5,438	4,890	4,959	5,020	4,369	3,845	5,428	0.018 +	0.193
Race unknown	35,347	32,851	36,155	36,352	36,590	35,936	39,807	40,904	39,467	39,895	42,399	40,731	0.715	0.793
FACILITY LOCATION														
Central city	137,657	147,683	152,191	139,906	147,940	149,567	142,699	142,178	142,150	143,175	136,989	147,087	0.000 +	0.287
Outside central city	69,801	77,010	76,018	69,819	74,244	71,995	72,706	73,185	74,491	73,643	71,970	70,850	0.626	0.423
National Panel	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	300,950	287,360	0.764	0.601
DRUG USE MOTIVE														
Recreational use	32,825	37,642	37,929	36,851	38,289	51,074	48,885	45,229	46,332	51,292	54,492	62,148	0.200	0.226
Dependence	131,925	143,424	148,717	128,299	139,928	150,209	152,316	159,865	163,309	168,860	176,369	180,954	0.844	0.188
Suicide	185,927	187,231	192,770	181,021	177,710	177,789	188,644	176,055	191,196	179,993	181,804	168,495	0.517	0.400
Other/unknown motive	87,722	93,623	92,516	83,102	87,004	85,558	83,376	89,567	91,278	90,595	97,244	93,700	0.611	0.670
REASONS FOR ED CONTACT														
Unexpected reaction	50,906	56,893	51,730	43,200	46,957	53,676	59,223	54,407	56,928	61,190	61,565	74,340	0.065	0.050 +
Overdose	236,971	250,532	253,855	238,810	230,787	230,813	236,689	219,593	243,800	225,387	226,000	226,435	0.976	0.943
Chronic effects	41,578	44,695	53,156	43,214	43,780	42,453	39,269	40,399	41,914	39,927	39,988	40,083	0.974	0.948
Seeking detox	44,844	47,307	49,485	43,842	52,883	58,745	59,974	69,443	67,439	70,749	65,288	71,544	0.124	0.916
Withdrawal	10,751	10,156	11,595	9,929	10,920	11,764	10,647	11,897	12,242	15,418	...	17,891	...	0.410
Other/unknown reason	53,348	52,337	52,112	50,279	57,605	67,177	67,418	74,977	69,793	78,069	93,921	75,003	0.425	0.720

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 20 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**751,731**	**796,762**	**900,317**	**901,206**	**907,561**	**943,937**	**982,856**	**1,015,206**	**0.488**	**0.245**
AGE										
6-34	476,533	492,356	555,245	532,896	525,249	539,669	536,337	530,804	0.808	0.768
12-17	72,970	77,134	93,654	93,041	96,659	98,626	95,295	83,212	0.006 -	0.011 -
18-25	166,680	167,275	191,271	178,651	171,382	185,733	184,555	198,364	0.192	0.337
26-34	235,322	246,224	269,124	259,375	255,663	252,952	255,409	247,678	0.518	0.739
35+	273,609	302,025	340,618	365,987	380,701	401,388	443,932	482,996	0.126	0.014 +
GENDER										
Male	382,788	400,195	462,457	454,180	462,505	486,480	515,342	536,704	0.480	0.204
Female	361,572	388,552	429,112	437,753	435,273	449,367	459,009	469,615	0.574	0.403
RACE/ETHNICITY										
White	426,793	440,188	501,226	504,336	496,883	525,478	556,318	590,247	0.364	0.197
Black	205,800	214,960	240,450	240,403	233,795	236,544	239,049	234,820	0.764	0.920
Hispanic	67,384	76,337	80,585	74,990	93,374	91,355	98,738	97,736	0.880	0.610
Other race	8,027	9,697	9,859	8,970	10,982	9,849	9,389	9,274	0.925	0.672
Race unknown	43,726	55,580	68,198	72,507	72,526	80,711	79,362	83,131	0.540	0.820
FACILITY LOCATION										
Central city	261,137	268,395	285,340	292,097	297,507	284,877	285,326	284,076	0.869	0.946
Outside central city	125,297	132,833	146,811	145,836	146,240	145,891	148,134	142,820	0.274	0.667
National Panel	365,297	394,524	468,167	463,272	463,815	513,169	549,397	588,310	0.397	0.211
DRUG USE MOTIVE										
Recreational use	55,700	60,381	70,467	74,780	89,363	94,115	97,625	116,640	0.132	0.081
Dependence	221,472	235,976	275,348	277,016	290,137	312,180	332,169	357,323	0.306	0.190
Suicide	321,991	335,426	373,158	373,791	355,499	364,698	371,189	350,299	0.227	0.551
Other/unknown motive	152,568	164,979	181,344	175,618	172,562	172,944	181,873	190,944	0.473	0.232
REASONS FOR ED CONTACT										
Unexpected reaction	82,938	88,951	107,799	94,930	100,633	113,630	118,118	135,905	0.039 +	0.047 +
Overdose	424,935	440,343	487,503	492,665	461,600	456,282	469,187	452,436	0.365	0.857
Chronic effects	71,489	74,141	86,273	96,371	86,233	79,668	81,841	80,071	0.754	0.957
Seeking detox	77,834	83,318	92,151	93,326	111,628	129,417	138,188	136,832	0.924	0.741
Withdrawal	14,856	17,151	20,907	21,524	22,684	22,544	27,660	41,037	0.216	0.133
Other/unknown reason	79,679	92,858	105,685	102,390	124,782	142,394	147,863	168,924	0.287	0.322

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 21 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1994 - second half 1999

COCAINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.* **	**68,443**	**74,435**	**73,183**	**62,618**	**71,435**	**80,998**	**78,722**	**82,365**	**85,760**	**86,253**	**79,582**	**89,182**	**0.026 +**	**0.654**
AGE														
6-34	41,984	45,976	43,258	34,868	39,692	43,699	42,175	43,830	44,169	43,713	39,942	42,689	0.278	0.762
12-17	1,100	954	1,191	860	1,236	1,345	2,084	1,547	2,235	2,074	1,441	1,774	0.398	0.341
18-25	11,821	13,571	11,699	9,417	10,207	11,858	12,340	12,880	11,886	12,622	11,801	13,470	0.088	0.511
26-34	29,061	31,439	30,362	24,591	28,243	30,489	27,743	29,400	29,995	29,015	26,616	27,445	0.633	0.511
35+	26,076	28,162	29,829	27,518	31,561	37,162	36,302	38,301	41,394	42,335	39,537	46,334	0.003 +	0.249
GENDER														
Male	45,562	50,563	48,391	41,308	46,286	54,606	52,059	54,122	55,784	56,603	50,993	58,287	0.012 +	0.709
Female	22,498	23,165	23,976	20,703	24,537	25,650	26,089	27,268	29,107	29,074	28,034	30,222	0.183	0.629
RACE/ETHNICITY														
White	19,127	21,716	20,810	19,208	20,726	23,994	24,049	26,823	25,735	27,219	26,355	30,375	0.176	0.408
Black	36,247	40,737	40,503	32,914	36,990	40,997	40,770	41,491	42,745	41,813	37,211	40,807	0.050	0.752
Hispanic	7,028	6,345	6,005	5,498	7,959	9,781	8,498	8,262	11,388	9,821	9,671	10,789	0.104	0.281
Other race	534	356	290	251	464	336	377	447	407	412	331	378	0.683	0.753
Race unknown	5,505	5,282	5,575	4,747	5,296	5,891	5,028	5,343	5,485	6,988	6,014	6,832	0.109	0.847
FACILITY LOCATION														
Central city	38,184	40,642	42,416	37,261	41,400	43,143	39,359	39,143	41,346	41,113	36,684	40,493	0.000 +	0.601
Outside central city	10,207	11,515	11,105	9,352	10,787	11,018	9,897	10,034	11,337	12,140	10,535	10,690	0.797	0.109
National Panel	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	32,363	37,998	0.179	0.429
DRUG USE MOTIVE														
Recreational use	7,628	8,485	8,025	8,310	8,248	13,158	11,299	11,512	11,293	11,876	10,825	14,136	0.087	0.462
Dependence	43,971	47,295	46,942	39,808	46,228	48,879	48,304	50,850	52,740	52,647	47,212	52,040	0.042 +	0.853
Suicide	5,558	6,161	6,337	5,735	5,978	7,067	6,936	7,513	7,869	7,786	7,080	8,174	0.481	0.810
Other/unknown motive	11,287	12,494	11,880	8,764	10,981	11,895	12,183	12,490	13,858	13,944	14,465	14,832	0.710	0.520
REASONS FOR ED CONTACT														
Unexpected reaction	16,002	17,760	14,404	11,532	14,316	16,108	16,725	16,138	17,732	17,511	15,945	21,062	0.043 +	0.123
Overdose	10,105	12,086	11,111	10,141	10,320	12,464	12,089	12,159	13,403	12,546	11,933	13,572	0.360	0.645
Chronic effects	13,467	13,562	17,665	13,478	14,333	13,895	12,678	12,192	12,930	12,703	11,243	12,088	0.179	0.371
Seeking detox	16,892	18,795	17,877	15,688	19,729	22,432	22,351	25,491	24,469	24,711	20,203	22,908	0.050	0.518
Withdrawal	1,683	1,672	1,632	1,843	1,914	1,760	1,578	1,843	1,920	2,011	2,953	2,471	0.731	0.486
Other/unknown reason	10,293	10,560	10,495	9,936	10,823	14,340	13,300	14,542	15,305	16,770	17,306	17,081	0.925	0.884

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 22 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**119,843**	**123,423**	**142,878**	**135,801**	**152,433**	**161,087**	**172,014**	**168,763**	**0.767**	**0.573**
AGE										
6-34	78,188	76,394	87,960	78,126	83,391	86,005	87,882	82,631	0.363	0.646
12-17	1,533	1,570	2,054	2,051	2,581	3,630	4,309	3,215	0.136	0.365
18-25	23,883	22,159	25,392	21,116	22,065	25,220	24,508	25,271	0.648	0.983
26-34	52,760	52,658	60,500	54,953	58,732	57,143	59,010	54,060	0.267	0.557
35+	41,288	46,614	54,238	57,348	68,723	74,602	83,729	85,871	0.711	0.099
GENDER										
Male	80,595	82,687	96,125	89,698	100,891	106,181	112,386	109,280	0.689	0.754
Female	38,194	39,936	45,663	44,679	50,187	53,357	58,181	58,256	0.983	0.254
RACE/ETHNICITY										
White	31,927	32,718	40,843	40,018	44,720	50,871	52,955	56,730	0.498	0.413
Black	69,123	68,706	76,984	73,417	77,986	82,260	84,558	78,018	0.282	0.539
Hispanic	11,824	12,713	13,373	11,502	17,740	16,760	21,209	20,460	0.638	0.301
Other race	502	561	890	541	800	824	819	709	0.434	0.415
Race unknown	6,467	8,724	10,788	10,323	11,187	10,371	12,472	12,846	0.729	0.117
FACILITY LOCATION										
Central city	74,589	74,678	78,825	79,677	84,543	78,502	82,459	77,177	0.036 -	0.707
Outside central city	18,663	18,915	21,722	20,457	21,805	19,931	23,477	21,225	0.060	0.406
National Panel	26,591	29,550	42,330	35,668	46,085	62,654	66,078	70,361	0.686	0.555
DRUG USE MOTIVE										
Recreational use	14,997	14,066	16,113	16,335	21,406	22,811	23,169	24,961	0.690	0.604
Dependence	77,455	77,892	91,265	86,749	95,107	99,154	105,388	99,252	0.379	0.992
Suicide	7,402	9,397	11,718	12,072	13,045	14,449	15,655	15,254	0.830	0.689
Other/unknown motive	19,988	22,068	23,782	20,644	22,876	24,673	27,802	29,297	0.527	0.121
REASONS FOR ED CONTACT										
Unexpected reaction	28,755	27,852	33,762	25,936	30,424	32,863	35,244	37,007	0.466	0.197
Overdose	16,242	18,991	22,191	21,251	22,784	24,249	25,949	25,504	0.880	0.695
Chronic effects	23,407	22,944	27,029	31,143	28,227	24,870	25,634	23,331	0.066	0.495
Seeking detox	30,826	31,801	35,687	33,565	42,161	47,842	49,181	43,111	0.322	0.586
Withdrawal	2,268	3,071	3,355	3,475	3,673	3,421	3,931	5,423	0.229	0.159
Other/unknown reason	18,344	18,764	20,854	20,432	25,163	27,842	32,075	34,387	0.401	0.087

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 23 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1994 - second half 1999

HEROIN/MORPHINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.* **	**30,036**	**33,977**	**35,500**	**35,339**	**35,198**	**38,648**	**35,352**	**36,658**	**38,553**	**39,092**	**38,565**	**45,843**	**0.000 +**	**0.017 +**
AGE														
6-34	13,928	16,569	16,050	15,774	15,262	16,683	15,900	16,099	17,060	16,758	16,795	19,404	0.001 +	0.081
12-17	...	265	144	260	229	330	531	848	444	465	394	292	0.442	0.258
18-25	3,794	4,576	4,039	4,511	4,288	4,980	5,029	4,965	5,448	5,998	7,360	7,773	0.430	0.133
26-34	9,890	11,728	11,868	11,002	10,741	11,374	10,339	10,286	11,166	10,294	9,041	11,338	0.000 +	0.141
35+	16,058	17,301	19,408	19,512	19,884	21,908	19,401	20,513	21,439	22,274	21,726	26,378	0.001 +	0.006 +
GENDER														
Male	20,358	23,642	24,636	24,530	23,662	26,150	24,340	23,760	26,102	26,363	26,048	30,575	0.000 +	0.023 +
Female	9,407	10,108	10,297	10,482	11,187	12,233	10,793	12,495	12,012	12,574	12,308	14,850	0.015 +	0.047 +
RACE/ETHNICITY														
White	10,773	12,610	13,890	13,181	11,693	13,691	12,955	13,927	14,289	15,302	15,364	18,281	0.010 +	0.156
Black	12,615	13,374	13,520	13,733	13,753	14,634	13,667	12,906	14,070	13,776	13,292	15,434	0.011 +	0.132
Hispanic	4,396	5,056	4,596	5,242	5,715	6,052	4,188	5,046	5,740	5,779	5,515	6,343	0.143	0.292
Other race	120	162	221	145	286	191	432	232	428	215	169	272	0.424	0.682
Race unknown	2,132	2,774	3,272	3,038	3,752	4,079	4,109	4,547	4,026	4,021	4,226	5,513	0.000 +	0.001 +
FACILITY LOCATION														
Central city	18,092	20,552	20,219	20,708	21,773	23,016	21,317	21,941	21,849	22,720	22,096	25,031	0.000 +	0.009 +
Outside central city	4,612	5,320	5,409	5,689	5,856	5,149	4,545	5,133	5,260	5,492	5,044	5,358	0.388	0.800
National Panel	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,426	15,455	0.014 +	0.084
DRUG USE MOTIVE														
Recreational use	1,649	2,505	2,159	3,118	2,826	3,498	2,381	2,471	2,179	2,183	2,620	2,536	0.813	0.352
Dependence	23,966	26,540	28,539	27,012	27,945	29,349	28,160	28,844	30,662	31,565	30,639	37,500	0.000 +	0.030 +
Suicide	1,069	1,213	1,159	1,412	1,136	1,718	1,549	1,922	1,846	1,676	1,507	1,881	0.193	0.552
Other/unknown motive	3,353	3,719	3,643	3,796	3,290	4,083	3,262	3,420	3,866	3,668	3,800	3,927	0.728	0.327
REASONS FOR ED CONTACT														
Unexpected reaction	2,652	3,655	3,083	3,141	3,087	3,514	3,364	3,361	3,950	4,053	4,033	4,846	0.037 +	0.006 +
Overdose	6,281	7,470	7,116	8,808	7,085	8,097	7,506	7,967	7,839	7,867	7,564	9,082	0.040 +	0.105
Chronic effects	7,830	8,701	9,172	8,532	9,053	8,704	7,725	8,119	7,884	7,879	7,013	8,233	0.009 +	0.518
Seeking detox	7,374	7,457	8,465	7,870	9,127	9,998	9,737	10,087	10,630	11,404	12,216	14,588	0.036 +	0.124
Withdrawal	3,353	3,580	4,352	3,955	3,840	3,990	3,546	3,610	4,495	4,328	4,103	5,209	0.009 +	0.053
Other/unknown reason	2,546	3,113	3,312	3,033	3,007	4,345	3,474	3,513	3,755	3,561	3,636	3,885	0.603	0.383

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 24 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**48,003**	**63,232**	**64,013**	**70,838**	**73,846**	**72,010**	**77,645**	**84,409**	**0.191**	**0.073**
AGE										
6-34	22,502	29,506	30,497	31,824	31,946	31,999	33,818	36,199	0.438	0.257
12-17	232	280	507	404	559	1,379	909	686	0.294	0.137
18-25	5,860	8,019	8,370	8,550	9,268	9,994	11,446	15,132	0.188	0.150
26-34	16,409	21,203	21,618	22,869	22,115	20,625	21,460	20,380	0.187	0.823
35+	25,376	33,613	33,359	38,919	41,792	39,914	43,714	48,104	0.067	0.017 +
GENDER										
Male	34,781	44,672	44,000	49,166	49,812	48,099	52,464	56,624	0.276	0.110
Female	12,832	18,159	19,515	20,779	23,420	23,289	24,586	27,157	0.093	0.042 +
RACE/ETHNICITY										
White	17,926	23,027	23,383	27,071	25,384	26,883	29,591	33,645	0.309	0.159
Black	18,600	23,347	25,989	27,253	28,387	26,573	27,846	28,726	0.412	0.203
Hispanic	8,519	11,327	9,452	9,838	11,767	9,234	11,519	11,858	0.704	0.185
Other race	294	699	282	367	477	664	643	441	0.049 -	0.044 -
Race unknown	2,665	4,831	4,906	6,310	7,831	8,656	8,047	9,739	0.014 +	0.438
FACILITY LOCATION										
Central city	29,374	35,828	38,644	40,926	44,789	43,258	44,569	47,127	0.090	0.112
Outside central city	7,673	10,170	9,932	11,098	11,005	9,678	10,753	10,402	0.660	0.401
National Panel	10,956	17,146	15,437	18,813	18,052	19,074	22,323	26,880	0.352	0.227
DRUG USE MOTIVE										
Recreational use	3,786	5,337	4,154	5,277	6,324	4,852	4,361	5,156	0.236	0.664
Dependence	36,271	47,911	50,505	55,551	57,294	57,004	62,227	68,139	0.231	0.091
Suicide	1,563	2,115	2,282	2,571	2,854	3,471	3,522	3,388	0.729	0.848
Other/unknown motive	6,384	7,869	7,071	7,439	7,373	6,683	7,535	7,727	0.688	0.104
REASONS FOR ED CONTACT										
Unexpected reaction	5,219	6,848	6,306	6,224	6,600	6,725	8,003	8,880	0.075	0.000 +
Overdose	12,226	16,557	13,752	15,924	15,182	15,473	15,706	16,646	0.453	0.354
Chronic effects	13,310	14,280	16,532	17,704	17,756	15,845	15,763	15,247	0.514	0.570
Seeking detox	9,204	14,396	14,831	16,334	19,126	19,824	22,034	26,804	0.247	0.240
Withdrawal	3,535	5,559	6,933	8,308	7,829	7,156	8,823	9,312	0.421	0.002 +
Other/unknown reason	4,509	5,591	5,659	6,345	7,352	6,987	7,316	7,520	0.696	0.498

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 25 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1994 - second half 1999

MARIJUANA/HASHISH

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]	
TOTAL U.S.* **	**19,078**	**21,105**	**24,277**	**20,994**	**24,892**	**28,897**	**32,402**	**32,343**	**37,883**	**38,987**	**43,109**	**44,041**	**0.866**	**0.328**	
AGE															
6-34	14,954	16,906	18,752	16,528	19,088	22,229	23,551	23,955	27,770	28,066	31,223	30,399	0.848	0.478	
12-17	3,272	3,267	4,049	3,925	4,371	5,611	5,841	5,215	7,348	5,786	7,004	5,729	0.296	0.947	
18-25	6,416	7,443	7,759	7,044	7,094	8,635	9,925	9,463	10,780	12,127	13,496	13,776	0.886	0.314	
26-34	5,263	6,190	6,932	5,545	7,535	7,899	7,724	9,263	9,628	10,142	10,673	10,743	0.963	0.621	
35+	4,092	4,185	5,504	4,374	5,779	6,617	8,692	8,351	10,068	10,729	11,847	13,606	0.318	0.178	
GENDER															
Male	13,077	14,976	16,796	14,484	16,457	20,194	21,795	21,384	24,975	25,820	28,401	29,658	0.741	0.266	
Female	5,771	5,991	7,082	6,135	8,317	8,383	10,326	10,702	12,361	12,928	14,374	13,900	0.804	0.596	
RACE/ETHNICITY															
White	8,868	10,014	10,963	9,919	11,460	13,044	15,973	15,927	18,073	20,363	23,385	22,079	0.763	0.656	
Black	6,855	8,197	9,253	7,657	8,748	10,204	10,331	10,789	12,380	12,071	12,107	13,506	0.290	0.352	
Hispanic	1,628	1,481	2,085	1,656	2,917	3,382	3,417	3,263	4,202	3,464	3,799	5,267	0.056	0.055	
Other race	171	131	166	235	142	242	304	220	242	255	303	413	0.416	0.257	
Race unknown	1,556	1,282	1,810	1,527	1,624	2,024	2,376	2,143	2,985	2,834	3,515	2,775	0.233	0.865	
FACILITY LOCATION															
Central city	7,302	8,283	9,760	9,482	10,354	10,573	11,058	11,833	12,692	12,418	12,859	13,793	0.142	0.093	
Outside central city	4,561	5,169	5,448	4,768	5,508	5,758	6,559	6,589	8,361	8,083	8,262	7,557	0.179	0.394	
National Panel	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	21,988	22,691	0.897	0.404	
DRUG USE MOTIVE															
Recreational use	5,392	5,123	6,595	5,714	6,416	8,839	9,191	8,008	9,698	9,929	11,704	13,003	0.506	0.221	
Dependence	6,931	8,083	9,799	8,345	9,573	11,454	11,727	12,212	13,084	13,689	15,031	14,731	0.916	0.494	
Suicide	1,795	2,139	2,163	2,261	3,031	2,496	3,582	3,400	4,361	4,684	4,973	5,085	0.940	0.770	
Other/unknown motive	4,960	5,760	5,719	4,674	5,872	6,107	7,902	8,722	10,740	10,685	11,401	11,222	0.881	0.701	
REASONS FOR ED CONTACT															
Unexpected reaction	6,059	5,425	6,573	5,444	6,659	7,487	8,780	7,331	9,135	8,873	10,673	12,473	0.251	0.036	+
Overdose	3,215	3,844	3,917	3,826	4,838	5,014	5,831	5,132	7,005	7,213	7,579	9,120	0.257	0.198	
Chronic effects	1,826	2,359	3,554	2,893	3,194	2,794	2,803	2,795	3,461	3,217	3,407	3,484	0.792	0.301	
Seeking detox	2,669	3,516	3,911	3,255	3,560	4,201	5,085	5,837	5,447	6,347	5,561	6,347	0.204	1.000	
Withdrawal	258	354	151	276	220	462	285	479	405	865	...	775	...	0.847	
Other/unknown reason	5,051	5,607	6,171	5,302	6,422	8,939	9,617	10,768	12,429	12,470	14,333	11,842	0.367	0.727	

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 26 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**23,997**	**28,873**	**40,183**	**45,271**	**53,789**	**64,744**	**76,870**	**87,150**	**0.108**	**0.009 +**
AGE										
6-34	19,267	23,081	31,860	35,280	41,317	47,506	55,836	61,622	0.183	0.019 +
12-17	3,104	4,247	6,539	7,974	9,982	11,056	13,135	12,734	0.770	0.345
18-25	8,294	9,545	13,860	14,803	15,729	19,388	22,907	27,272	0.048 +	0.003 +
26-34	7,857	9,278	11,452	12,477	15,434	16,986	19,770	21,416	0.288	0.051
35+	4,689	5,624	8,277	9,879	12,396	17,043	20,796	25,453	0.064	0.005 +
GENDER										
Male	17,137	20,241	28,053	31,280	36,651	43,179	50,796	58,059	0.101	0.012 +
Female	6,463	8,368	11,762	13,216	16,700	21,028	25,289	28,274	0.167	0.009 +
RACE/ETHNICITY										
White	10,484	13,483	18,882	20,882	24,505	31,900	38,436	45,464	0.116	0.029 +
Black	8,934	10,104	15,053	16,910	18,952	21,121	24,452	25,613	0.563	0.091
Hispanic	2,724	2,690	3,109	3,741	6,300	6,680	7,666	9,066	0.111	0.152
Other race	107	202	302	401	384	524	497	716	0.172	0.185
Race unknown	1,749	2,394	2,837	3,337	3,648	4,520	5,819	6,291	0.470	0.069
FACILITY LOCATION										
Central city	9,930	12,008	15,585	19,242	20,927	22,891	25,110	26,652	0.296	0.113
Outside central city	5,511	6,948	9,730	10,216	11,266	13,148	16,444	15,820	0.459	0.050 +
National Panel	8,557	9,905	14,868	15,814	21,596	28,705	35,316	44,679	0.129	0.049 +
DRUG USE MOTIVE										
Recreational use	6,041	7,339	10,515	12,310	15,255	17,199	19,628	24,707	0.128	0.031 +
Dependence	9,043	10,780	15,014	18,144	21,027	23,939	26,772	29,763	0.178	0.099
Suicide	2,147	2,367	3,934	4,425	5,527	6,982	9,045	10,058	0.395	0.097
Other/unknown motive	6,767	8,387	10,719	10,393	11,979	16,624	21,425	22,623	0.581	0.074
REASONS FOR ED CONTACT										
Unexpected reaction	7,345	8,846	11,484	12,017	14,146	16,111	18,008	23,146	0.041 +	0.037 +
Overdose	4,321	4,708	7,059	7,743	9,852	10,964	14,218	16,699	0.179	0.006 +
Chronic effects	2,357	2,553	4,185	6,447	5,988	5,598	6,679	6,891	0.696	0.082
Seeking detox	4,543	5,382	6,185	7,166	7,761	10,923	11,794	11,908	0.949	0.614
Withdrawal	251	360	612	427	682	764	1,271	...	...	...
Other/unknown reason	5,181	7,023	10,658	11,473	15,360	20,385	24,899	26,175	0.607	0.090

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 27 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1994 - second half 1999

METHAMPHETAMINE/SPEED

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	*p*-value H1,H2, 99,99[1,2]	*p*-value H2,H2, 98,99[1,3]
TOTAL U.S.* **	**7,824**	**9,841**	**9,678**	**6,257**	**4,197**	**6,805**	**8,218**	**8,936**	**6,534**	**4,957**	**4,730**	**5,717**	**0.212**	**0.335**
AGE														
6-34	6,072	7,263	7,116	4,592	3,278	4,550	5,797	6,654	4,593	3,659	3,300	3,821	0.402	0.776
12-17	896	1,072	1,085	353	318	710	...	949	795	...	248	560	0.050 +	...
18-25	2,344	3,151	2,785	2,003	1,704	2,024	2,149	2,569	1,847	1,635	1,536	1,753	0.561	0.681
26-34	2,830	3,040	3,246	2,236	1,256	1,748	2,787	3,137	1,951	1,738	1,516	1,472	0.922	0.624
35+	1,747	2,571	2,559	1,662	916	2,248	2,421	2,275	1,938	1,295	1,428	1,889	0.210	0.097
GENDER														
Male	5,045	6,349	6,147	4,177	2,501	4,628	5,266	6,127	4,016	2,793	2,741	3,313	0.351	0.355
Female	2,751	3,459	3,496	1,989	1,618	2,101	2,870	2,785	2,387	2,150	1,928	2,384	0.293	0.582
RACE/ETHNICITY														
White	5,646	6,728	6,141	4,119	2,521	4,258	5,638	6,164	4,983	3,471	3,158	4,022	0.198	0.423
Black	350	632	477	450	209	591	563	303	162	...	...	230	...	...
Hispanic	1,114	1,491	...	990	559	1,115	...	1,379	602	...	...	...	...	...
Other race	47	67	...	173	...	136	...	153	46	36	...	...	...	...
Race unknown	667	...	949	525	723	705	743	937	741	244	420	562	0.011 +	0.052
FACILITY LOCATION														
Central city	1,314	1,757	1,727	1,183	1,212	1,371	1,394	1,464	1,182	875	860	1,013	0.000 +	0.004 +
Outside central city	1,168	1,180	1,263	857	808	1,111	1,346	1,495	961	662	659	905	0.000 +	0.001 +
National Panel	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,211	3,799	0.456	0.628
DRUG USE MOTIVE														
Recreational use	1,659	2,584	2,135	1,336	1,447	1,656	1,899	2,174	1,559	1,263	1,069	1,133	0.793	0.722
Dependence	3,099	4,023	4,576	2,671	1,719	3,129	4,227	4,785	3,507	2,819	2,897	3,808	0.212	0.231
Suicide	...	435	535	563	279	520	693	705	524	281	300	223	0.544	0.683
Other/unknown motive	...	...	2,433	1,688	751	...	1,399	1,272	944	595	463	554	0.580	0.841
REASONS FOR ED CONTACT														
Unexpected reaction	2,897	3,462	3,019	2,149	1,708	2,495	3,580	3,091	1,964	2,146	1,250	1,619	0.329	0.360
Overdose	1,884	2,571	2,570	1,485	738	1,437	1,958	1,667	1,316	737	876	1,006	0.649	0.359
Chronic effects	881	1,671	1,639	1,239	772	1,136	1,063	1,291	1,036	550	629	652	0.816	0.292
Seeking detox	876	499	810	288	319	575	489	671	884	402	587	...	...	...
Withdrawal	...	247	...	...	...	189	67	...	...	...	...	...	...	...
Other/unknown reason	901	1,391	972	844	572	973	1,062	1,905	968	947	...	...	...	...

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the first half of 1999 to the second half of 1999.

[3] This column compares the second half of 1998 to the second half of 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 28 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**6,563**	**9,926**	**17,665**	**15,936**	**11,002**	**17,154**	**11,491**	**10,447**	**0.389**	**0.002 -**
AGE										
6-34	5,177	7,731	13,335	11,709	7,828	12,451	8,252	7,121	0.223	0.004 -
12-17	669	663	1,968	1,438	1,028	1,810	1,081	808	0.266	0.030 -
18-25	1,719	3,425	5,494	4,788	3,728	4,718	3,482	3,289	0.708	0.057
26-34	2,790	3,642	5,870	5,482	3,004	5,924	3,689	2,988	0.113	0.003 -
35+	1,378	2,182	4,318	4,221	3,165	4,696	3,233	3,316	0.842	0.014 -
GENDER										
Male	4,459	6,747	11,394	10,324	7,129	11,393	6,809	6,054	0.379	0.001 -
Female	2,022	3,073	6,210	5,485	3,719	5,654	4,536	4,312	0.724	0.060
RACE/ETHNICITY										
White	4,607	7,070	12,374	10,260	6,779	11,802	8,454	7,180	0.139	0.003 -
Black	263	347	982	927	800	866	490	...	...	...
Hispanic	925	1,343	2,606	2,865	1,674	2,553	...	1,489	...	0.065
Other race	54	77	114	409	321	253	82	...	...	...
Race unknown	714	1,088	1,590	1,474	1,428	1,680	985	982	0.989	0.070
FACILITY LOCATION										
Central city	1,846	2,509	3,072	2,910	2,584	2,858	2,057	1,873	0.006 -	0.000 -
Outside central city	1,402	1,789	2,348	2,120	1,919	2,842	1,623	1,564	0.625	0.000 -
National Panel	3,315	5,628	12,245	10,906	6,499	11,454	7,810	7,010	0.507	0.041 -
DRUG USE MOTIVE										
Recreational use	2,103	2,691	4,243	3,471	3,104	4,073	2,822	2,202	0.294	0.002 -
Dependence	2,216	3,498	7,123	7,247	4,848	9,012	6,326	6,705	0.786	0.197
Suicide	...	865	922	1,098	799	1,398	805	523	0.213	0.002 -
Other/unknown motive	1,661	2,872	...	4,120	2,251	2,671	1,538	1,017	0.204	0.114
REASONS FOR ED CONTACT										
Unexpected reaction	2,345	3,689	6,359	5,168	4,202	6,671	4,110	2,869	0.156	0.042 -
Overdose	1,916	2,844	4,454	4,055	2,175	3,625	2,052	1,883	0.674	0.003 -
Chronic effects	949	1,310	2,551	2,879	1,908	2,354	1,585	1,281	0.303	0.001 -
Seeking detox	537	839	1,375	1,098	894	1,161	1,287	1,190	0.637	0.935
Withdrawal	...	130	...	...	277	378	...	...	...	...
Other/unknown reason	501	1,114	2,292	1,816	1,546	2,966	1,915	...	...	...

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 29 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by half year: First half 1994 - second half 1999

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
DRUG EPISODES	110.0	115.1	116.7	104.1	107.3	111.3	111.8	109.8	113.3	112.1	114.8	113.4
DRUG MENTIONS	191.0	200.0	203.4	184.0	188.9	196.8	199.5	197.3	205.0	203.2	210.3	207.2
Alcohol-in-combination	33.8	36.0	37.3	34.4	34.3	36.3	35.9	36.4	37.9	38.9	42.1	38.6
Cocaine	29.8	32.2	31.5	26.8	30.5	34.3	33.2	34.5	35.7	35.7	32.8	36.6
Heroin/morphine	13.1	14.7	15.3	15.1	15.0	16.4	14.9	15.4	16.1	16.2	15.9	18.8
Acetaminophen	9.3	7.5	8.1	7.6	8.6	7.6	7.8	7.1	7.2	6.2	6.0	5.6
Aspirin	4.3	4.1	3.7	3.5	3.7	3.1	3.2	3.0	3.1	3.3	2.8	2.5
Ibuprofen	4.3	4.0	4.6	4.6	3.7	3.6	3.6	3.6	3.7	3.5	3.1	2.8
Alprazolam	3.5	4.0	3.9	3.4	3.8	3.3	3.7	3.7	3.8	3.6	4.1	4.3
Marijuana/hashish	8.3	9.1	10.5	9.0	10.6	12.2	13.7	13.6	15.8	16.1	17.8	18.1
Diazepam	2.6	3.3	3.2	2.9	2.8	3.0	2.9	2.7	2.4	2.9	2.1	2.6
Amitriptyline	2.6	2.3	2.1	1.7	2.3	1.5	1.8	1.7	1.5	1.3	1.0	1.3
Acetamin./codeine	1.4	1.6	1.5	1.5	1.2	1.2	1.5	1.3	1.0	1.1	0.8	0.8
OTC sleep aids	1.4	1.6	1.4	1.5	1.8	1.4	1.4	1.1	1.3	1.1	1.1	1.0
Lorazepam	2.5	2.8	2.6	2.2	2.3	2.0	2.3	2.2	2.3	2.0	2.5	1.9
d-Propoxyphene	1.7	1.5	1.6	1.4	1.5	1.4	1.4	1.8	1.6	1.2	1.5	1.0
Fluoxetine	1.9	2.1	2.0	2.0	2.2	1.9	2.3	2.1	2.2	1.8	2.3	1.6
Diphenhydramine	1.9	2.2	2.1	1.6	1.9	2.1	2.0	1.7	1.4	1.1	1.1	1.2
Methamphetamine/speed	3.4	4.3	4.2	2.7	1.8	2.9	3.5	3.7	2.7	2.1	2.0	2.3
Oxycodone	0.9	0.9	0.8	0.7	0.6	0.7	0.9	1.1	1.0	1.2	1.3	1.4
PCP/PCP combinations	1.3	1.3	1.4	1.3	0.8	0.8	0.9	0.8	0.9	0.8	0.9	1.2
Lithium carbonate	1.1	1.5	1.7	1.2	1.1	0.9	1.2	0.9	0.8	0.7	1.0	0.6
Clonazepam	2.6	2.7	2.8	2.8	2.9	2.8	3.1	3.0	3.7	3.6	3.6	3.2
Hydantoin	0.8	0.6	0.9	0.7	0.7	0.6	0.6	0.4	0.6	0.6	0.7	0.5
Hydrocodone	1.8	1.9	2.0	1.9	2.4	2.0	2.2	2.3	2.4	2.8	2.6	3.4
LSD	0.9	1.4	1.1	1.3	1.1	0.9	1.5	0.6	0.7	1.3	1.0	1.1
Triazolam	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Phenobarbital	0.6	0.5	0.6	0.7	0.5	0.5	0.4	0.3	0.5	0.5	0.4	0.3
Doxepin	0.8	1.0	0.7	0.5	0.5	0.6	0.6	0.3	0.4	0.3	0.3	0.3
Cyclobenzaprine	0.6	0.7	0.6	0.7	0.7	0.8	0.7	0.9	0.6	0.6	0.6	0.5
Haloperidol	0.6	0.8	0.7	0.5	0.5	0.9	0.5	0.5	0.4	0.5	0.3	0.2
Amphetamine	1.9	2.3	2.4	1.6	1.5	2.5	1.9	2.4	2.2	2.7	2.3	2.6
Trazodone	1.4	1.7	2.1	2.0	2.0	1.9	1.8	1.9	2.1	1.9	2.2	1.8
Carisoprodol	1.5	1.3	1.9	1.4	1.6	1.5	1.2	1.3	1.8	1.7	1.8	1.8
Naproxen	0.9	0.9	1.0	1.2	1.0	0.9	1.1	1.1	1.2	1.1	1.1	0.8
Imipramine	0.6	0.6	0.7	0.4	0.3	0.5	0.3	0.2	0.2	0.1	0.2	0.1
Carbamazepine	0.9	0.8	0.8	0.7	0.8	0.8	0.7	0.8	0.6	0.8	0.8	0.5
Thioridazine	0.6	0.8	0.7	0.4	0.5	0.4	0.3	0.4	0.3	0.2	0.1	0.1
TOTAL ED VISITS**	**19,357.6**	**19,565.7**	**18,974.6**	**19,085.0**	**19,323.4**	**19,432.4**	**18,691.4**	**19,020.3**	**18,459.7**	**18,792.2**	**18,716.4**	**18,745.4**

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 30 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by year: 1992-1999

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
DRUG EPISODES	191.4	201.3	225.2	220.8	218.6	221.5	225.4	228.2
DRUG MENTIONS	331.9	347.9	391.0	387.4	385.7	396.8	408.3	417.5
Alcohol-in-combination	62.6	62.7	69.8	71.7	70.6	72.3	76.8	80.7
Cocaine	52.9	53.9	62.0	58.4	64.8	67.7	71.5	69.4
Heroin/morphine	21.2	27.6	27.8	30.4	31.4	30.3	32.3	34.7
Acetaminophen	13.8	14.9	16.8	15.7	16.3	14.9	13.4	11.6
Aspirin	8.3	8.3	8.4	7.2	6.7	6.1	6.4	5.3
Ibuprofen	7.2	7.7	8.3	9.1	7.2	7.2	7.1	5.9
Alprazolam	7.3	7.4	7.5	7.3	7.1	7.3	7.4	8.4
Marijuana/hashish	10.6	12.6	17.5	19.5	22.9	27.2	31.9	35.8
Diazepam	6.2	5.4	5.9	6.1	5.8	5.6	5.3	4.7
Amitriptyline	4.5	4.3	4.9	3.8	3.8	3.5	2.8	2.4
Acetamin./codeine	3.1	3.3	3.0	2.9	2.5	2.8	2.1	1.5
OTC sleep aids	3.1	2.3	3.0	2.9	3.2	2.6	2.4	2.1
Lorazepam	3.9	4.5	5.3	4.8	4.3	4.5	4.3	4.4
d-Propoxyphene	2.9	3.5	3.2	3.0	2.9	3.2	2.9	2.6
Fluoxetine	3.7	3.3	4.0	4.1	4.1	4.4	4.1	3.9
Diphenhydramine	3.5	3.2	4.1	3.7	4.0	3.7	2.5	2.2
Methamphetamine/speed	2.9	4.3	7.7	6.8	4.7	7.2	4.8	4.3
Oxycodone	1.7	1.5	1.8	1.5	1.4	2.0	2.2	2.6
PCP/PCP combinations	2.3	2.9	2.6	2.7	1.7	1.8	1.7	2.0
Lithium carbonate	2.1	2.3	2.6	2.9	2.0	2.0	1.4	1.6
Clonazepam	3.6	4.4	5.3	5.5	5.7	6.1	7.2	6.8
Hydantoin	1.7	1.5	1.4	1.5	1.2	1.0	1.2	1.2
Hydrocodone	2.7	2.7	3.7	3.9	4.5	4.5	5.2	6.0
LSD	1.5	1.5	2.2	2.4	1.9	2.2	2.1	2.1
Triazolam	0.7	0.6	0.4	0.3	0.3	0.1	0.2	0.2
Phenobarbital	1.4	1.3	1.1	1.2	1.0	0.8	1.1	0.6
Doxepin	1.6	1.5	1.9	1.2	1.0	0.9	0.6	0.6
Cyclobenzaprine	1.2	1.2	1.4	1.3	1.5	1.5	1.2	1.1
Haloperidol	1.3	1.4	1.3	1.2	1.4	1.0	0.9	0.5
Amphetamine	1.6	2.4	4.2	4.0	4.0	4.3	4.9	4.9
Trazodone	2.0	2.5	3.2	4.1	3.9	3.7	4.0	4.1
Carisoprodol	2.6	2.9	2.9	3.3	3.1	2.6	3.5	3.6
Naproxen	1.2	1.4	1.9	2.3	1.9	2.2	2.3	1.9
Imipramine	1.9	1.4	1.2	1.1	0.8	0.6	0.3	0.3
Carbamazepine	1.5	2.1	1.7	1.6	1.6	1.5	1.3	1.3
Thioridazine	1.3	1.3	1.4	1.1	1.0	0.7	0.5	0.2
TOTAL ED VISITS**	**37,944.8**	**38,274.9**	**38,923.9**	**38,059.9**	**38,756.1**	**37,712.6**	**37,252.9**	**37,461.8**

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 31 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

DRUG EPISODES

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**110**	**115**	**117**	**104**	**107**	**111**	**112**	**110**	**113**	**112**	**115**	**113**
Atlanta	187	224	214	201	170	179	148	146	202	188	177	191
Baltimore	340	374	372	341	344	362	290	267	279	314	305	300
Boston	186	244	244	206	197	177	175	160	183	187	156	157
Buffalo	166	157	148	148	198	189	168	132	135	148	128	155
Chicago	177	204	206	178	191	217	221	241	219	226	211	229
Dallas	105	115	112	109	105	103	121	136	149	146	127	127
Denver	166	167	162	140	116	106	135	143	129	130	142	160
Detroit	227	193	257	194	255	244	223	195	199	210	190	184
Los Angeles - Long Beach	118	119	123	112	122	122	106	100	96	106	117	126
Miami - Hialeah	160	163	179	172	167	173	173	162	168	171	178	194
Minneapolis - St. Paul	103	100	97	91	103	106	110	103	95	89	101	93
New Orleans	203	209	226	279	248	250	220	219	231	193	192	175
New York	271	267	260	244	257	237	230	219	216	215	180	183
Newark	267	280	314	312	301	263	235	266	258	240	225	231
Philadelphia	185	206	227	221	230	237	245	251	268	258	258	252
Phoenix	163	189	212	188	192	180	186	177	184	162	198	204
St. Louis	129	137	134	112	130	136	121	120	121	120	134	130
San Diego	113	107	102	100	125	124	131	155	151	142	135	157
San Francisco	321	450	330	329	307	305	295	303	289	280	263	292
Seattle	269	276	242	215	233	217	269	288	241	192	203	231
Washington, DC	180	206	172	147	159	154	150	146	156	146	130	136
National Panel	79	81	83	72	74	80	83	81	85	84	91	87

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.
SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 32 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by year: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**191**	**201**	**225**	**221**	**219**	**222**	**225**	**228**
Atlanta	338	295	411	416	349	294	390	368
Baltimore	593	610	715	712	705	556	592	605
Boston	365	359	430	449	375	335	370	313
Buffalo	220	279	323	296	387	300	283	283
Chicago	317	320	381	384	409	462	445	440
Dallas	176	203	220	221	208	257	295	254
Denver	247	252	333	302	222	278	259	303
Detroit	393	472	420	452	499	417	409	374
Los Angeles - Long Beach	246	255	237	235	245	205	202	242
Miami - Hialeah	264	310	323	351	340	336	339	372
Minneapolis - St. Paul	175	201	203	189	208	212	184	194
New Orleans	473	358	412	505	497	438	424	367
New York	568	566	538	504	494	448	432	362
Newark	519	540	547	626	564	500	497	457
Philadelphia	461	439	391	448	467	496	526	510
Phoenix	317	304	351	400	372	363	346	402
St. Louis	197	178	265	246	266	241	240	264
San Diego	269	232	220	201	249	286	293	292
San Francisco	705	775	771	659	612	598	569	555
Seattle	342	396	545	457	450	556	433	434
Washington, DC	296	338	386	319	313	295	303	266
National Panel	125	135	160	155	154	164	170	178

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 33 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

DRUG MENTIONS

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**191**	**200**	**203**	**184**	**189**	**197**	**200**	**197**	**205**	**203**	**210**	**207**
Atlanta	359	452	433	406	340	370	300	296	388	348	336	367
Baltimore	579	633	633	577	574	621	502	461	470	545	536	522
Boston	340	457	455	387	365	325	323	291	332	342	283	287
Buffalo	277	282	263	269	372	350	316	248	248	273	232	282
Chicago	308	353	362	313	343	394	417	451	405	417	385	420
Dallas	191	209	205	203	199	185	224	250	280	270	236	230
Denver	283	275	294	246	199	184	236	247	225	230	239	278
Detroit	410	343	473	356	481	454	409	361	376	387	362	340
Los Angeles - Long Beach	203	206	212	196	208	217	185	170	163	190	208	225
Miami - Hialeah	257	261	282	269	263	273	283	265	279	288	301	334
Minneapolis - St. Paul	204	194	188	176	198	197	209	191	181	163	188	187
New Orleans	399	423	435	523	469	471	403	415	430	374	378	356
New York	400	401	389	383	413	389	370	359	346	351	296	302
Newark	471	492	550	561	568	458	397	449	439	405	383	386
Philadelphia	329	371	410	398	414	424	450	465	489	474	478	477
Phoenix	273	318	357	311	328	299	316	312	314	288	341	342
St. Louis	239	246	248	203	234	241	212	227	224	226	247	240
San Diego	196	183	181	172	217	219	233	270	266	245	234	267
San Francisco	493	658	508	500	457	455	421	436	402	384	367	423
Seattle	459	472	405	353	378	351	459	498	406	318	331	382
Washington, DC	321	366	294	243	266	263	251	249	257	241	217	221
National Panel	139	142	146	130	130	143	151	148	159	157	172	163

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.
SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 34 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by year: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**332**	**348**	**391**	**387**	**386**	**397**	**408**	**418**
Atlanta	683	564	811	839	710	596	736	703
Baltimore	1,044	1,050	1,212	1,210	1,194	963	1,016	1,058
Boston	650	655	797	842	690	614	674	569
Buffalo	364	485	559	532	721	564	520	514
Chicago	550	559	661	675	737	868	822	806
Dallas	312	370	399	408	384	474	550	466
Denver	427	424	558	539	383	483	455	517
Detroit	707	880	753	828	935	770	763	701
Los Angeles - Long Beach	421	440	409	407	425	355	353	433
Miami - Hialeah	439	483	518	551	536	548	567	634
Minneapolis - St. Paul	346	387	397	363	395	400	344	375
New Orleans	873	719	822	958	939	818	804	734
New York	832	820	801	771	802	728	697	598
Newark	880	933	963	1,112	1,026	846	844	769
Philadelphia	803	776	700	807	838	916	963	955
Phoenix	523	514	591	668	627	627	602	682
St. Louis	340	301	484	451	475	439	450	487
San Diego	454	395	379	353	436	503	511	501
San Francisco	1,028	1,155	1,152	1,008	912	856	786	790
Seattle	571	661	931	757	729	957	724	714
Washington, DC	508	594	687	537	529	501	498	438
National Panel	224	239	282	276	273	299	316	335

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 35 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

COCAINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**30**	**32**	**32**	**27**	**31**	**34**	**33**	**35**	**36**	**36**	**33**	**37**
Atlanta	102	133	128	117	100	102	82	74	114	104	89	100
Baltimore	194	206	210	174	178	198	141	132	137	159	148	148
Boston	55	78	83	65	60	54	46	46	56	67	46	49
Buffalo	62	71	67	79	118	120	95	68	65	65	52	65
Chicago	86	105	106	82	100	120	122	125	117	114	104	122
Dallas	30	31	32	30	29	29	34	40	52	54	41	45
Denver	47	40	43	32	26	26	32	37	32	41	41	45
Detroit	113	83	132	81	126	124	107	85	98	104	88	91
Los Angeles - Long Beach	31	31	33	28	33	36	28	29	31	37	37	42
Miami - Hialeah	73	79	85	83	81	87	88	86	94	94	98	112
Minneapolis - St. Paul	11	14	10	10	13	16	15	16	17	16	17	17
New Orleans	84	80	74	99	92	110	99	100	109	91	89	87
New York	126	126	123	121	136	128	124	120	120	114	88	87
Newark	117	130	134	135	135	117	92	109	106	102	86	86
Philadelphia	90	96	107	101	107	118	116	124	140	135	130	130
Phoenix	26	29	34	25	33	37	34	33	37	36	42	49
St. Louis	51	52	48	32	38	42	30	33	43	44	49	48
San Diego	17	12	14	14	17	21	17	19	19	21	18	27
San Francisco	85	120	84	82	74	74	63	63	57	58	48	72
Seattle	75	82	65	51	60	54	67	83	66	59	56	74
Washington, DC	59	73	55	41	52	51	42	43	50	48	38	43
National Panel	12	13	12	10	11	16	17	19	19	19	19	22

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.
SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 36 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by year: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**53**	**54**	**62**	**58**	**65**	**68**	**72**	**69**
Atlanta	198	167	234	245	202	156	218	189
Baltimore	370	346	400	384	376	273	296	296
Boston	122	111	133	147	114	91	123	96
Buffalo	72	108	133	146	238	163	129	117
Chicago	148	154	192	188	220	247	232	225
Dallas	53	58	61	62	58	74	106	86
Denver	56	65	86	75	53	69	73	87
Detroit	173	222	195	212	250	192	202	178
Los Angeles - Long Beach	67	66	62	61	69	56	68	79
Miami - Hialeah	109	148	151	168	168	174	187	210
Minneapolis - St. Paul	20	20	25	20	29	31	33	34
New Orleans	252	147	164	174	203	199	199	176
New York	259	265	252	244	264	244	233	175
Newark	238	224	246	268	253	201	208	172
Philadelphia	246	221	186	208	224	239	275	260
Phoenix	47	43	55	59	69	66	73	91
St. Louis	65	54	102	80	80	64	87	97
San Diego	51	38	29	28	39	36	41	44
San Francisco	184	200	205	166	149	126	116	120
Seattle	80	96	157	116	114	150	125	130
Washington, DC	117	117	132	96	104	85	97	81
National Panel	16	18	26	21	27	37	38	40

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 37 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

HEROIN/MORPHINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**13**	**15**	**15**	**15**	**15**	**16**	**15**	**15**	**16**	**16**	**16**	**19**
Atlanta	8	10	8	8	8	7	7	8	8	9	7	8
Baltimore	153	185	189	178	175	183	133	124	131	159	150	149
Boston	27	45	45	38	37	39	35	34	37	38	37	40
Buffalo	16	24	17	25	24	24	22	28	24	33	26	29
Chicago	41	44	40	44	46	63	68	80	77	82	79	85
Dallas	5	5	6	5	7	8	11	11	11	10	9	10
Denver	15	18	15	16	13	9	12	18	16	16	20	21
Detroit	28	24	33	26	39	38	38	35	34	34	30	33
Los Angeles - Long Beach	18	18	17	20	21	19	16	14	15	17	17	18
Miami - Hialeah	7	7	10	9	9	12	15	17	19	21	24	24
Minneapolis - St. Paul	2	2	2	3	2	3	4	4	4	4	4	5
New Orleans	7	10	9	14	12	15	19	18	22	22	24	31
New York	70	70	66	67	70	67	59	55	55	55	49	61
Newark	125	137	156	172	170	137	105	141	144	139	127	133
Philadelphia	23	31	41	44	42	43	37	44	35	40	41	46
Phoenix	13	12	12	13	15	17	21	21	23	21	20	23
St. Louis	10	8	9	8	11	11	11	9	13	14	17	19
San Diego	16	14	13	17	24	18	18	22	21	22	22	25
San Francisco	100	133	98	106	102	101	91	84	84	65	76	115
Seattle	54	59	51	58	66	63	74	80	67	60	61	67
Washington, DC	14	21	18	17	19	22	22	23	28	28	23	24
National Panel	4	5	6	5	5	6	6	6	7	6	7	9

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.
SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 38 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by year: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**21**	**28**	**28**	**30**	**31**	**30**	**32**	**35**
Atlanta	9	10	17	16	15	15	18	16
Baltimore	234	259	338	367	358	256	290	299
Boston	59	66	71	83	76	69	75	77
Buffalo	19	31	39	42	48	50	57	55
Chicago	53	64	85	83	109	148	159	164
Dallas	12	13	10	12	15	21	21	18
Denver	8	18	33	31	22	31	32	41
Detroit	46	59	52	58	77	72	68	62
Los Angeles - Long Beach	37	46	36	38	40	30	31	35
Miami - Hialeah	10	14	15	18	21	32	41	48
Minneapolis - St. Paul	4	6	3	5	6	7	8	9
New Orleans	13	12	17	24	26	36	44	55
New York	106	142	140	133	136	115	110	110
Newark	170	265	262	328	307	246	282	260
Philadelphia	53	55	54	85	85	82	76	87
Phoenix	17	25	25	25	32	41	44	43
St. Louis	9	10	18	17	22	20	27	37
San Diego	45	37	30	30	42	39	42	46
San Francisco	208	243	233	204	203	175	150	191
Seattle	61	94	113	109	130	154	127	128
Washington, DC	42	39	34	35	41	45	55	46
National Panel	7	10	9	11	11	11	13	15

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 39 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

MARIJUANA/HASHISH

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**8**	**9**	**11**	**9**	**11**	**12**	**14**	**14**	**16**	**16**	**18**	**18**
Atlanta	24	34	31	31	26	32	28	30	51	44	43	48
Baltimore	17	18	18	25	22	30	30	31	31	34	34	37
Boston	23	30	36	31	30	29	25	23	40	38	26	27
Buffalo	12	13	11	21	29	26	29	21	22	26	24	28
Chicago	18	22	27	24	29	33	36	41	44	41	38	38
Dallas	10	10	11	13	12	11	18	20	31	31	25	23
Denver	14	13	21	12	10	9	14	19	19	18	18	24
Detroit	37	33	51	43	54	47	44	45	48	53	52	43
Los Angeles - Long Beach	11	9	11	10	13	13	13	12	16	25	30	35
Miami - Hialeah	18	22	26	27	27	28	30	25	30	29	30	37
Minneapolis - St. Paul	11	10	10	10	12	11	13	13	10	11	13	13
New Orleans	40	37	37	51	48	58	54	60	60	40	45	41
New York	15	18	19	18	21	23	24	23	24	20	21	20
Newark	16	21	24	19	20	16	14	14	15	15	17	12
Philadelphia	21	25	34	33	37	38	46	51	60	52	60	55
Phoenix	8	15	14	10	17	14	18	19	19	17	27	23
St. Louis	...	20	23	15	18	22	22	25	29	27	36	32
San Diego	12	10	10	11	12	15	19	22	26	22	17	21
San Francisco	15	16	17	16	15	12	12	12	13	12	10	19
Seattle	21	26	29	25	26	22	41	47	30	19	21	20
Washington, DC	33	41	30	25	29	29	31	32	29	32	31	34
National Panel	4	5	5	4	5	7	9	8	10	11	13	13

…Estimate does not meet standard of precision.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 40 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by year: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**11**	**13**	**18**	**20**	**23**	**27**	**32**	**36**
Atlanta	37	32	58	63	58	58	96	91
Baltimore	31	28	35	42	53	61	65	72
Boston	29	34	53	67	59	48	79	53
Buffalo	7	15	25	32	55	50	48	51
Chicago	27	24	39	51	61	76	85	77
Dallas	15	16	20	24	23	38	62	48
Denver	16	14	27	33	19	32	37	43
Detroit	37	67	70	94	101	89	102	95
Los Angeles - Long Beach	17	22	20	21	26	25	41	64
Miami - Hialeah	20	26	39	53	55	55	59	67
Minneapolis - St. Paul	12	17	21	20	23	26	21	26
New Orleans	43	53	77	88	106	113	100	86
New York	25	26	32	37	44	46	44	41
Newark	24	26	37	43	36	28	30	29
Philadelphia	37	43	46	67	74	97	112	114
Phoenix	9	12	23	24	31	37	36	50
St. Louis	10	7	40	37	40	47	56	68
San Diego	18	21	22	21	27	41	47	38
San Francisco	19	30	31	33	27	25	25	29
Seattle	19	22	47	53	48	87	49	42
Washington, DC	35	58	74	55	58	63	62	65
National Panel	5	6	9	9	13	17	20	25

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 41 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

METHAMPHETAMINE/SPEED

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**3**	**4**	**4**	**3**	**2**	**3**	**4**	**4**	**3**	**2**	**2**	**2**
Atlanta	2	2	2	3	2	4	3	5	3	2	1	2
Baltimore	0	0	0	0	0	0	0	0	...	0	0	0
Boston	0	0	...	0	...	...	0	0	0	0	0	...
Buffalo	1	0	0	...	1	0	1	...	0	1	1	0
Chicago	0	0	1	0	0	0	0	0	0	0	0	0
Dallas	3	4	5	3	2	3	3	3	5	3	2	2
Denver	4	6	7	5	3	4	10	9	4	3	2	5
Detroit	0	...	...	...	0	...	...	0	0	0	0	...
Los Angeles - Long Beach	8	9	10	6	7	8	7	8	5	4	5	6
Miami - Hialeah	0	0	0	0	0	0	0	0	0	1	...	0
Minneapolis - St. Paul	2	1	3	2	2	3	5	...	3	2	2	2
New Orleans	0	1	1	1	1	1	1	1	1	1	1	1
New York	0	0	0	...	0	0	0	...	0	0	0	0
Newark	...	...	...	0	0	...	0	...	...	...	0	...
Philadelphia	1	1	1	1	0	1	1	1	0	1	0	1
Phoenix	19	22	23	16	20	16	23	17	14	7	7	9
St. Louis	1	1	3	1	...	1	1	2	1	...	2	3
San Diego	21	19	18	12	12	16	18	24	18	13	11	13
San Francisco	31	51	40	31	26	34	31	33	24	15	16	19
Seattle	7	9	10	4	4	7	11	14	8	6	8	10
Washington, DC	0	1	...	0	...	0	...	...	0	0	...	1
National Panel	3	4	4	3	1	3	3	4	3	2	2	2

... Estimate does not meet standard of precision.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 42 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by year: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**3**	**4**	**8**	**7**	**5**	**7**	**5**	**4**
Atlanta	1	2	4	6	5	8	6	3
Baltimore	0	0	0	0	0	0	0	0
Boston	0	0	0	0	...	0	0	0
Buffalo	0	1	1	1	1	1	1	1
Chicago	0	0	0	1	1	1	1	0
Dallas	3	3	7	9	5	7	8	4
Denver	2	4	10	12	7	19	8	6
Detroit	0	1	0	0	...	...	0	...
Los Angeles - Long Beach	10	15	17	16	15	15	9	11
Miami - Hialeah	0	0	0	0	1	1	1	1
Minneapolis - St. Paul	2	2	3	4	5	9	5	5
New Orleans	2	1	1	2	2	2	2	2
New York	0	0	0	0	0	0	0	0
Newark	1	0	...	...	...	...	...	0
Philadelphia	3	2	2	2	1	2	1	1
Phoenix	15	25	42	39	36	40	22	17
St. Louis	1	1	2	3	2	3	3	4
San Diego	41	41	40	30	29	41	30	24
San Francisco	46	65	82	72	60	64	39	34
Seattle	6	10	16	14	10	25	14	18
Washington, DC	0	1	1	1	0	...	0	1
National Panel	2	3	7	7	4	7	5	4

... Estimate does not meet standard of precision.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 43 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by half year: First half 1994 - second half 1999

TOTAL ED VISITS**

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.	**19,358**	**19,566**	**18,975**	**19,085**	**19,323**	**19,432**	**18,691**	**19,020**	**18,460**	**18,792**	**18,716**	**18,745**
Atlanta	20,599	22,258	20,523	21,915	21,028	20,769	18,710	19,595	18,638	18,914	18,211	18,780
Baltimore	18,427	18,756	18,530	18,835	18,999	19,153	18,966	19,134	20,035	20,128	20,968	20,452
Boston	23,166	24,226	22,348	22,423	23,143	24,265	21,517	21,412	20,905	21,224	20,125	20,565
Buffalo	17,473	18,284	16,356	16,421	15,715	16,002	14,096	14,498	13,460	15,166	14,922	15,102
Chicago	18,907	19,127	19,247	19,664	19,081	19,189	18,447	19,298	17,863	18,499	18,256	18,813
Dallas	17,493	17,757	17,608	18,014	17,478	17,455	18,636	18,080	18,994	18,483	18,409	18,353
Denver	14,822	14,881	14,951	15,476	14,967	13,962	13,875	14,241	13,479	13,518	15,678	17,074
Detroit	17,750	17,404	18,264	18,402	17,928	18,884	17,320	17,006	16,997	17,209	17,258	17,073
Los Angeles - Long Beach	14,282	14,939	13,619	13,654	14,243	13,931	12,791	13,888	12,138	13,174	13,296	13,723
Miami - Hialeah	16,982	16,541	16,955	17,034	17,221	16,909	17,590	18,056	18,745	18,181	18,454	18,365
Minneapolis - St. Paul	12,029	12,642	14,671	15,058	14,939	14,827	14,347	14,783	13,963	13,955	14,309	15,094
New Orleans	24,445	24,719	24,773	24,708	25,349	25,960	24,074	24,405	24,108	22,719	24,623	23,582
New York	20,537	21,332	19,800	19,668	22,413	21,854	21,014	20,450	20,025	21,416	20,198	20,294
Newark	19,358	20,173	20,059	20,387	18,969	19,776	18,136	18,394	18,942	19,794	19,960	19,640
Philadelphia	17,785	17,930	18,133	18,060	17,791	17,994	17,280	17,697	17,481	18,201	17,662	18,084
Phoenix	16,492	16,448	17,664	17,765	19,294	17,314	17,270	16,889	18,253	16,852	18,667	18,456
St. Louis	20,269	20,020	19,187	18,614	19,184	18,668	17,433	18,342	17,774	16,653	18,452	18,009
San Diego	11,516	11,115	10,534	11,210	12,488	12,110	12,362	12,445	12,516	13,089	13,194	14,094
San Francisco	18,855	18,991	15,482	15,730	16,199	15,531	15,182	15,220	16,108	16,094	17,057	17,602
Seattle	19,197	18,855	14,984	15,578	16,465	15,329	14,919	15,656	14,527	14,062	14,470	14,559
Washington, DC	16,046	16,508	15,743	15,980	14,326	14,741	14,179	14,237	14,459	14,566	14,594	14,576
National Panel	19,936	20,077	19,514	19,591	19,800	19,984	19,287	19,637	19,025	19,340	19,231	19,187

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 44 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by year: 1992-1999

TOTAL ED VISITS**

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**37,945**	**38,275**	**38,924**	**38,060**	**38,756**	**37,713**	**37,253**	**37,462**
Atlanta	40,371	41,852	42,862	42,441	41,796	38,307	37,552	36,992
Baltimore	36,178	37,448	37,184	37,365	38,153	38,101	40,163	41,419
Boston	50,120	49,521	47,395	44,772	47,412	42,929	42,130	40,690
Buffalo	38,800	36,905	35,759	32,776	31,718	28,595	28,630	30,024
Chicago	39,567	36,707	38,034	38,911	38,270	37,747	36,363	37,071
Dallas	32,761	34,123	35,251	35,623	34,933	36,715	37,476	36,761
Denver	31,604	32,356	29,703	30,429	28,926	28,117	26,998	32,755
Detroit	37,550	38,616	35,153	36,666	36,815	34,325	34,207	34,331
Los Angeles - Long Beach	28,649	29,890	29,223	27,273	28,173	26,682	25,315	27,020
Miami - Hialeah	31,704	31,715	33,521	33,990	34,129	35,648	36,924	36,819
Minneapolis - St. Paul	27,799	27,854	24,673	29,731	29,766	29,131	27,917	29,405
New Orleans	46,057	46,757	49,165	49,481	51,311	48,480	46,823	48,202
New York	40,988	40,263	41,871	39,468	44,265	41,462	41,445	40,492
Newark	36,586	39,264	39,533	40,447	38,747	36,530	38,739	39,599
Philadelphia	40,960	38,868	35,715	36,193	35,786	34,979	35,685	35,747
Phoenix	32,707	33,100	32,940	35,430	36,602	34,158	35,101	37,123
St. Louis	35,247	39,501	40,288	37,800	37,850	35,778	34,424	36,460
San Diego	27,112	27,002	22,629	21,745	24,597	24,807	25,607	27,290
San Francisco	36,134	38,788	37,846	31,213	31,728	30,402	32,202	34,661
Seattle	35,950	37,969	38,051	30,563	31,790	30,577	28,588	29,030
Washington, DC	29,042	31,673	32,555	31,723	29,068	28,416	29,025	29,170
National Panel	38,627	38,943	40,014	39,105	39,784	38,926	38,366	38,418

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 45 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: First half 1994 - second half 1999

DRUG EPISODES

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.*	**110**	**115**	**117**	**104**	**107**	**111**	**112**	**110**	**113**	**112**	**115**	**113**
AGE												
6-34	147	154	153	134	139	142	144	140	143	136	138	134
12-17	147	133	148	127	150	136	147	125	142	116	126	103
18-25	194	208	196	179	174	184	192	189	184	189	192	196
26-34	198	218	217	186	194	202	198	202	206	200	196	197
35+	76	80	85	78	80	85	84	84	89	92	96	97
GENDER												
Male	114	123	121	107	109	118	119	116	122	120	124	125
Female	105	105	110	99	104	103	103	102	103	103	104	101

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 46 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.* ..... **	**191**	**201**	**225**	**221**	**219**	**222**	**225**	**228**
AGE								
6-34	256	266	300	287	281	284	279	272
12-17	228	238	280	275	286	272	258	229
18-25	345	356	402	375	358	381	372	388
26-34	353	371	416	403	396	400	406	393
35+	131	142	156	162	165	168	181	193
GENDER								
Male	201	209	237	228	227	235	242	249
Female	179	190	210	210	207	205	206	205

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 47 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: First half 1994 - second half 1999

DRUG MENTIONS

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.*	**191**	**200**	**203**	**184**	**189**	**197**	**200**	**197**	**205**	**203**	**210**	**207**
AGE												
6-34	252	261	261	232	239	247	251	248	253	243	248	242
12-17	230	203	230	192	225	207	233	203	227	190	199	163
18-25	332	353	334	311	296	327	337	339	331	333	347	355
26-34	356	385	385	341	356	370	359	369	379	371	370	372
35+	134	145	152	142	146	154	155	154	165	170	180	179
GENDER												
Male	201	215	214	190	194	212	213	210	223	220	228	229
Female	178	182	189	174	180	179	184	182	184	185	191	183

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 48 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**332**	**348**	**391**	**387**	**386**	**397**	**408**	**418**
AGE								
6-34	439	454	513	493	486	500	495	489
12-17	356	367	433	422	432	436	416	361
18-25	598	606	685	645	623	676	664	702
26-34	622	659	740	727	726	728	749	742
35+	232	250	279	294	299	309	335	359
GENDER								
Male	350	361	416	405	407	423	443	457
Female	309	329	360	364	358	366	369	374

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 49 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: First half 1994 - second half 1999

COCAINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.*	**30**	**32**	**32**	**27**	**31**	**34**	**33**	**35**	**36**	**36**	**33**	**37**
AGE												
6-34	39	43	40	32	37	40	39	41	41	40	37	39
12-17	5	4	5	4	6	6	9	7	10	9	6	8
18-25	42	49	42	34	37	43	45	47	43	45	42	48
26-34	80	87	85	69	80	87	80	85	88	86	79	83
35+	22	23	24	22	25	29	28	29	31	32	30	34
GENDER												
Male	41	45	43	37	41	48	45	47	48	49	44	49
Female	19	19	20	17	20	21	21	22	24	23	22	24

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 50 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.* ..... **	**53**	**54**	**62**	**58**	**65**	**68**	**72**	**69**
AGE								
6-34	72	71	81	72	77	80	81	76
12-17	8	8	10	9	12	16	19	14
18-25	86	80	91	76	80	92	88	90
26-34	139	141	166	154	167	165	173	162
35+	35	39	44	46	54	57	63	64
GENDER								
Male	74	75	87	80	89	92	97	93
Female	33	34	38	37	41	44	47	46

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 51 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: First half 1994 - second half 1999

HEROIN/MORPHINE

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.*	**13**	**15**	**15**	**15**	**15**	**16**	**15**	**15**	**16**	**16**	**16**	**19**
AGE												
6-34	13	15	15	15	14	15	15	15	16	16	16	18
12-17	...	1	1	1	1	2	2	4	2	2	2	1
18-25	14	16	15	16	16	18	18	18	20	22	26	27
26-34	27	32	33	31	30	32	30	30	33	30	27	34
35+	13	14	16	16	16	17	15	16	16	17	16	20
GENDER												
Male	18	21	22	22	21	23	21	21	23	23	22	26
Female	8	9	9	9	9	10	9	10	10	10	10	12

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 52 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**21**	**28**	**28**	**30**	**31**	**30**	**32**	**35**
AGE								
6-34	21	27	28	30	30	30	31	33
12-17	1	1	2	2	3	6	4	3
18-25	21	29	30	31	34	36	41	54
26-34	43	57	60	64	63	59	63	61
35+	22	28	27	31	33	31	33	36
GENDER								
Male	32	40	40	44	44	42	45	48
Female	11	15	16	17	19	19	20	22

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 53 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: First half 1994 - second half 1999

MARIJUANA/HASHISH

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.*	**8**	**9**	**11**	**9**	**11**	**12**	**14**	**14**	**16**	**16**	**18**	**18**
AGE												
6-34	14	16	17	15	18	21	22	22	26	26	29	28
12-17	15	15	18	18	20	25	26	23	32	25	31	25
18-25	23	27	28	26	26	31	36	34	39	43	48	49
26-34	14	17	19	16	21	23	22	27	28	30	32	32
35+	3	3	4	4	5	5	7	6	8	8	9	10
GENDER												
Male	12	13	15	13	15	18	19	19	22	22	24	25
Female	5	5	6	5	7	7	8	9	10	10	12	11

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 54 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**11**	**13**	**18**	**20**	**23**	**27**	**32**	**36**
AGE								
6-34	18	21	29	33	38	44	52	57
12-17	15	20	30	36	45	49	57	55
18-25	30	35	50	54	57	71	83	97
26-34	21	25	32	35	44	49	58	64
35+	4	5	7	8	10	13	16	19
GENDER								
Male	16	18	25	28	32	38	44	49
Female	6	7	10	11	14	17	20	23

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 55 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: First half 1994 - second half 1999

METHAMPHETAMINE/SPEED

	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999
TOTAL U.S.***.....	**3**	**4**	**4**	**3**	**2**	**3**	**4**	**4**	**3**	**2**	**2**	**2**
AGE												
6-34.....	6	7	7	4	3	4	5	6	4	3	3	4
12-17.....	4	5	5	2	1	3	...	4	4	...	1	2
18-25.....	8	11	10	7	6	7	8	9	7	6	6	6
26-34.....	8	8	9	6	4	5	8	9	6	5	5	4
35+.....	1	2	2	1	1	2	2	2	2	1	1	1
GENDER												
Male.....	5	6	6	4	2	4	5	5	4	2	2	3
Female.....	2	3	3	2	1	2	2	2	2	2	2	2

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).

Table 56 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**3**	**4**	**8**	**7**	**5**	**7**	**5**	**4**
AGE								
6-34	5	7	12	11	7	12	8	7
12-17	3	3	9	7	5	8	5	4
18-25	6	12	20	17	14	17	13	12
26-34	7	10	16	15	9	17	11	9
35+	1	2	4	3	3	4	2	3
GENDER								
Male	4	6	10	9	6	10	6	5
Female	2	3	5	5	3	5	4	3

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1999 (03/2000 update).